



WITH REG. ATM CARDS

PAYROLL FOR JOB PERSONNEL
DOH-RO 7
Jan 1-15, 2020

We acknowledge receipt of the sum shown opposite our names as full remuneration for services rendered for the period started: *NO WORK NO PAY POLICY

TIN	Name		Position	MO. RATE	HALF MO.	Adjustment	Tardiness	Gross Amount	Adjustment	D E D U C T I O N S							Net Amt.	REMARKS
							Absences		Add:	5% EWT	3% Prof.	Coop	Pag-Ibig	PHIC	GSIS	Excess Mobile		
	NO SALARY CHARGE																	
	LORENA	ROMAINE	Computer Programmer I	20,179.00	10,089.50	0.00	0.00	10,089.50	0.00	0.00	0.00	200.00	250.00	150.00	0.00	0.00	9,489.50	Test
								10,089.50										
	SUPPORT TO OPERATIONS (STO)																	
	AGOL	JESSA	Administrative Aide IV	12,674.00	6,337.00	0.00	2,397.98	3,939.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,939.02	
								3,939.02										
		Page Total		32,853.00	16,426.50	0.00	2,397.98	14,028.52	0.00	0.00	0.00	200.00	250.00	150.00	0.00	0.00	13,428.52	
		Grand Total		32,853.00	16,426.50	0.00	2,397.98	14,028.52	0.00	0.00	0.00	200.00	250.00	150.00	0.00	0.00	13,428.52	

A	CERTIFIED	Services duly rendered as stated	C	APPROVED FOR PAYMENT:
<div><div>_____ THERESA Q. TRAGICO Administrative Officer V Signature over Printed Name of Authorized Official</div><div>_____ Date</div></div>			<div><div>_____ SOPHIA M. MANCAO,MD,DPSP OIC - Asst. Director (Signature over Printed Name) Head of Agency/Authorized Representative</div><div>_____ Date</div></div>	
B	CERTIFIED	Supporting documents complete and proper; and cash available in the amount of P_____	D	CERTIFIED Each employee whose name appears on the payroll has been paid the amount as indicated opposite his/her name
<div><div>_____ ANGIELINE T. ADLAON,CPA,MBA Accountant III (Signature over Printed Name) Head of Accounting Division/Unit</div><div>_____ Date</div></div>			<div><div>_____ JOSEPHINE D. VERGARA Administrative Office V (Signature over Printed Name) Disbursing Officer</div><div>_____ Date</div></div>	