



WITH CASH 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	Net Amount	Adjustment	D E D U C T I O N S							Total Amt.	REMARKS	
							Absences			Add:	5% EWT	3% Prof.	Coop	Pag-Ibig	PHIC	GSIS	Excess Mobile		
	NO SALARY CHARGE																		
	DAMANDAMAN	KEITH JOSEPH	Computer Programmer I	33,323.00	16,661.50	0.00	0.00	16,661.50	0.00	0.00	0.00	0.00	250.00	250.00	0.00	0.00	16,161.50		
	MANINGO	FLORA MAY JOY	Computer Programmer I	33,724.00	16,862.00	0.00	15.97	16,846.03	0.00	0.00	0.00	500.00	200.00	300.00	0.00	0.00	15,846.03	dakoa deductions kalooy	
								33,507.53											
		Page Total		67,047.00	33,523.50	0.00	15.97	33,507.53	0.00	0.00	0.00	500.00	450.00	550.00	0.00	0.00	32,007.53		
		Grand Total		67,047.00	33,523.50	0.00	15.97	33,507.53	0.00	0.00	0.00	500.00	450.00	550.00	0.00	0.00	32,007.53		
A	CERTIFIED Services duly rendered as stated							C	APPROVED FOR PAYMENT: _____										
<div>_____ THERESA Q. TRAGICO Administrative Officer V Signature over Printed Name of Authorized Official</div>								<div>_____ SOPHIA M. MANCAO,MD,DPSP OIC - Asst. Director (Signature over Printed Name) Head of Agency/Authorized Representative</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>_____ ANGIELINE T. ADLAON,CPA,MBA Accountant III (Signature over Printed Name) Head of Accounting Division/Unit</div>								<div>_____ JOSEPHINE D. VERGARA Administrative Office V (Signature over Printed Name) Disbursing Officer</div>											