



Employee # : **3129**
Name : **DBA167B5-BCC1-4DAB-
AAA3-4248F4214F26**
Payroll Period : **August 06-August 12 2018**
Position : **LABOR**
Wages per Day : **350.00**
Allowance : **0.00**
Cash Advanced : **500.00**
Uniform : **100.00**
Overtime : **0.00**
Overtime in Days : **0**
Number of days : **6**
SSS : **0.00**
Pag-ibig : **0.00**
Phil-Health : **0.00**
Net Total : **1600.00**
Acknowledgement Receipt
Date : **2018-08-12**

Signature Over Printed Name