



<b>Employee #</b>	<b>: 2059</b>
<b>Name</b>	<b>: MELCHOR CARBONEL</b>
<b>Payroll Period</b>	<b>: August 09-August 15 2018</b>
<b>Position</b>	<b>: MASON</b>
<b>Wages per Day</b>	<b>: 500.00</b>
<b>Allowance</b>	<b>: 0.00</b>
<b>Cash Advanced</b>	<b>: 0.00</b>
<b>Uniform</b>	<b>: 0.00</b>
<b>Overtime</b>	<b>: 62.50</b>
<b>Overtime in Days</b>	<b>: 0.125</b>
<b>Number of days</b>	<b>: 2</b>
<b>SSS</b>	<b>: 0.00</b>
<b>Pag-ibig</b>	<b>: 0.00</b>
<b>Phil-Health</b>	<b>: 0.00</b>
<b>Net Total</b>	<b>: 1062.50</b>
<b>Acknowledgement Receipt</b>	
<b>Date : 2018-08-15</b>	

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**Signature Over Printed Name**