|  |  |  |
| --- | --- | --- |
|  | | |
| **Employee #** | **:** | **${emp\_no1}** |
| **Name** | : | ${emp\_name1} |
| **Payroll Period** | : | ${payperiod1} |
| **Position** | : | ${position1} |
| **Wages per Day** | : | ${basepay1} |
| **Allowance** | : | ${allowance1} |
| **Cash Advanced** | : | ${deduction1} |
| **Uniform** | : | ${sdeduction1} |
| **Overtime** | : | ${totalotpay1} |
| **Overtime in Days** | : | ${nootdays1} |
| **Number of days** | : | ${noofdays1} |
| **SSS** | : | ${SSS1} |
| **Pag-ibig** | : | ${pagibig1} |
| **Phil-Health** | : | ${philhealth1} |
| **Net Total** | **:** | **${totalpay1}** |
| **Acknowledgement Receipt** | | |
| Date : ${date1} |  |  |
|  |  |  |
|  |  |  |
| **Signature Over Printed Name** | | |
|  | | |