

DAILY TIME RECORD

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MONKEY D. LUFFY

(Name)

November, 2019

For the month of

Official hours for arrival and departure: Regular days 08:00 AM 12:00 PM - 01:00 PM 05:00 PM  
Saturdays

Day	AM		PM		Under time	
	Arrival	Departure	Arrival	Departure	Hours	Minutes
1		HOLIDAY				
2		Saturday				
3		Sunday				
4	07:40 AM	12:40 PM	12:41 PM	05:08 PM		
5	08:23 AM	12:00 PM	12:01 PM	05:42 PM		
6			01:03 PM	06:18 PM		
7	08:54 AM	12:13 PM	12:14 PM	05:30 PM		
8	08:53 AM	12:34 PM	12:35 PM	05:03 PM		
9		Saturday				
10		Sunday				
11			01:10 PM	06:13 PM		
12						
13						
14	08:29 AM	12:41 PM	12:42 PM	06:35 PM		
15	08:19 AM	12:30 PM	01:04 PM			
16		Saturday				
17		Sunday				
18						
19						
20						
21						
22						
23		Saturday				
24		Sunday				
25						
26						
27						
28						
29						
30		Saturday				
			Total:			

I certify on my honor that the above is a true and correct report of the hours of work performed, record of which was made duly at the time of arrival and departure from office.

VERIFIED as to the prescribed office hours:  
MONKEY D. LUFFY

SHANKS

In Charge

(SEE RESUME/TRANSLATION)

VERRIDE CALCULATION CONFIGURATIONS

WORK DAYS		ASSENCES		HALF-DAY (FORCED HALFDAY)				BYPASS - REFERENCE TIME				FLEXI-TIME SETTINGS "OOO" Enable Custom TimeIn/TimeOut for Flexi Time Schedules.				DAY	
ENABLE MODIFICATION		MORNING		AFTERNOON		RESET		RESET		RESET		RESET		RESET		RESET	

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Total:						

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**MONKEY D. LUFFY**

VERIFIED as to the prescribed office hours:

**SHANKS**

In Charge

(SEE INSTRUCTIONSON BACK)

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**MONKEY D. LUFFY**

VERIFIED as to the prescribed office hours:

**SHANKS**

In Charge

(SEE INSTRUCTIONSON BACK)

**Department of Information and Communications Technology**

Entity Name

Fund Cluster :

EC BIRINGAN CLUSTER

Date : November 15, 2019

DV No. :

**DISBURSEMENT VOUCHER**

<b>Mode of Payment</b>	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input checked="" type="checkbox"/> Others (Please Specify)			
<b>Payee</b>	<b>MONKEY D. LUFFY</b>		<b>TIN /Employee No.</b> <b>000-000-000</b>	<b>ORS/BURS No.</b>
<b>Address</b>	<b>BIRINGAN</b>			

  

Particulars	Responsibility Center	MFO/PAP	Amount
<b>Payment for the services rendered as ENGINEER II under the GOVNET - BIRINGAN Project in BIRINGAN. For the period of November 1, 2019 to November 15, 2019</b>			
November 1-15 rate: 10,000.00 Daily rate: 1,000.00  Working days: 10 day(s) x 1000.00 /day <b>₱ 10,000.00</b> Absent: 2 day(s) x 1000.00 /day      - 2,000.00 Undertime: 675 min(s) x 2.08 /min      - 1,404.00 <b>Total: ₱ 6,596.00</b>  <b>Gross Compensation November 1-15, 2019: 6,596.00</b> Less: Tax Withheld 3% GMP      - 197.88 5% EWT      - 329.80 <b>Total: ₱ 6,068.32</b>			<b>₱ 6,068.32</b>
<b>Amount Due</b>			<b>₱ 6,068.32</b>

  

<b>A. Certified: Expenses/Cash Advance Necessary, lawful and incurred under my direct supervision</b>			
<b>ENGR. DONYA FLORITA</b> <u>TECHNICAL OPERATIONS DIVISION</u> Printed Name, Designation and Signature of Supervisor			

  

<b>B. Accounting Entry</b>			
Accounting Title	UACS CODE	Debit	Credit

  

<b>C. Certified:</b>  <input type="checkbox"/> Cash Available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper	<b>D. Approved for Payment</b>  <div style="text-align: center; padding: 20px;">         Six Thousand Sixty Eight and 32/100 Pesos Only       </div>
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Signature		Signature	
Printed Name	AMET JUDILES	Printed Name	ENGR. UNCONSISOU LOIRE
Position	Budget/Finance Officer	Position	OFFICE OF THE REGIONAL DIRECTOR
	Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative
Date		Date	

  

<b>E. Receipt of Payment</b>			
Check/ ADA No. :		Date:	
Signature:		Date:	
		Bank Name & Account Number:	JEV No.
		Printed Name: <b>MONKEY D. LUFFY</b>	Date:

  

Official Receipt No. & Date/Other Documents
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