

# PAYROLL

FOR THE PERIOD FROM JANUARY 03 2018 TO JANUARY 05 2018

WE HEREBY ACKNOWLEDGE TO HAVE RECEIVED FROM ..... AT ITS OFFICE AT ..... THE SUM SPECIFIED OPPOSITE OUR RESPECTIVE NAMES, AS FULL COMPENSATION FOR THE PERIOD.

SL NO .	EMPLOYEE NAME	BASIC RATE	ALLOWANCE	TOTAL	OVERTIME	RATE OF OVERTIME	OVERTIME AMOUNT	TOTAL PAYABLE	DAYS ABSENT	DEDUCTION	TOTAL DEDUCTION	NET AMOUNT PAID	SIGNATURE OF PAYEE
1	1	11.71	2.03	13.74	0	20	0	13.74	1.05	ABSENSE 0.41	0.41		
										ADVANCE 35			
										PF 35			
										SUB TOTAL 70.41			
2	jhg	11.71	2.03	13.74	8	20	160	173.74	0	ABSENSE 0.38	0.38		
										ADVANCE 25			
										PF 50			
										SUB TOTAL 75.38			
3	3	11.71	2.03	13.74	0	20	0	13.74	0.02	ABSENSE 0.38	70.38		
										PF 100			
										ADVANCE 70			
										SUB TOTAL 170.38			
4	jhg	11.71	2.03	13.74	0	20	0	13.74	0	ABSENSE 0.38	0.38		
										ADVANCE 25			
										PF 25			
										SUB TOTAL 50.38			
5	jhg	11.71	2.03	13.74	0	20	0	13.74	0	ABSENSE 0.38	0.38		
										SUB TOTAL 0.38			
#	TOTAL	58.55	10.15	68.7	8	100	160	228.7	1.07	366.93	71.93		

I HEREBY CERTIFY that I have personally paid in cash to each employee whose name appears above the amount set opposite his/her name.

APPROVED BY

CERTIFIED CORRECT

DISBURSING OFFICER

PAYMASTER

DEPARTMENT HEAD