



WITH CASH CARDS

PAYROLL FOR JOB PERSONNEL  
DOH-RO7  
January 1-15, 2017

We acknowledge receipt of the sum shown opposite our names as full remuneration for services rendered for the period started:

\*NO WORK NO PAY POLICY

TIN	Name		Position	MO. RATE	HALF MO.	Adjustment	Tardiness Absences	Net Amount	DEDUCTIONS								Total Amt.	REMARKS		
									W/Tax 10%	W/Tax 3%	W/Tax 2%	Coop	Disallow.	Pag-Ibig	PHIC	GSIS	Excess Mobile			
	HOSPITAL LICENSING SECTION																			
236255599000	Rogellene	Novo	Administrative Aide IV	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
								0.00												
		Page Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		Grand Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
A	CERTIFIED Services duly rendered as stated								C	APPROVED FOR PAYMENT: _____										
<div>_____ THERESA Q. TRAGICO Administrative Officer V Signature over Printed Name of Authorized Official</div>									<div>_____ SOPHIA M. MANCAO,MD,DPSP OIC - Asst. Director (Signature over Printed Name) Head of Agency/Authorized Representative</div>											
B	CERTIFIED Supporting documents complete and proper; and cash available in the amount of P_____								D	CERTIFIED Each employee whose name appears on the payroll has been paid the amount as indicated opposite his/her name										
<div>_____ ANGIELINE T. ADLAON,CPA,MBA Accountant III (Signature over Printed Name) Head of Accounting Division/Unit</div>									<div>_____ JOSEPHINE D. VERGARA Administrative Office V (Signature over Printed Name) Disbursing Officer</div>											