

PAYROLL FOR JOB PERSONNEL DOH-RO7 January 16-31, 2017

We acknowledge receipt of the sum shown opposite our names as full renumeration 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. REMARK |
|---------------|--|---|----------------------|---------------|---------------------------|--------------------|-----------------------|---|--------------|--|-------------------------------|-------------|------------------|----------|--------|--------|------------------|-------------------------------|
| | | | | | | | | | W/Tax 10% | W/Tax 3% | W/Tax 2% | Соор | Disallow. | Pag-Ibig | PHIC | GSIS | Excess Mobile | |
| | NO SECTION | | | | | | | | | | | | | | | | | |
| | Alel Mae | Pacres | Project Assistant | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | -600.00 SALAMIN LNG PALA |
| | | | | | | | | 0.00 | | | | | | | | | | |
| | SA-1 | 23456 | | | | | | | | | | | | | | | | |
| | ALEX | ALUETA | Carpenter | 12,000.00 | 6,000.00 | 0.00 | 545.45 | 5,454.55 | 545.45 | 163.64 | 109.09 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 4,036.36 HINDI KA IIYAK DB |
| 4736050 81 | ALPHA MAE | LAGURA | Architect I | 9,000.00 | 4,500.00 | 0.00 | 818.18 | 3,681.82 | 368.18 | 110.45 | 73.64 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 2,529.55 PSINGI |
| | | | | | | | | 9,136.36 | | | | | | | | | | |
| | | ı | Page Total | 21,000.00 | 10,500.00 | 0.00 | 1,363.64 | 9,136.36 | 913.64 | 274.09 | 182.73 | 300.00 | 300.00 | 300.00 | 300.00 | 300.00 | 300.00 | 5,965.91 |
| | | G | Grand Total | 21,000.00 | 10,500.00 | 0.00 | 1,363.64 | 9,136.36 | 913.64 | 274.09 | 182.73 | 300.00 | 300.00 | 300.00 | 300.00 | 300.00 | 300.00 | 5,965.91 |
| Α | CERTIFIED Services duly rendered as stated | | | | | | | C | APPROVED FOR | R PAYMENT: | | | | | | | | |
| | | THERESA Q. TRAGICO | | | | | | | | | SOPHIA | M. MANCAO.M | ID DPSP | | | | | |
| | Administrative Officer V | | | | Date OIC - Asst. Director | | | | | | | | eate | | | | | |
| | | Signature over Printed Name of Authorized | | | | | 5 | ato | 1 | | | _ | uto | | | | | |
| | Official | | | | | | | | | (Signature over Printed Name) Head of Agency/Authorized | | | | | | | | |
| | | | | | | | | Representative | | | | | | | | | | |
| В | CERTIFIED Supporting documents complete and proper; and cash available in the am | | | | | ilable in the amou | unt of P | D CERTIFIED Each employee whose name appears on the payroll has been paid the amount as inc | | | | | | | | | nt as indicated | opposite his/her name |
| | | | | | | | | | | | | | | | | | | |
| | | ANGIELINE T. ADLAON,CPA,MBA | | | | | | | | | JOSEPHINE D. VERGARA | | | | | | | |
| | | Accountant III | | | | | Date | | | | Administrative Office V | | | | | | | ate |
| | | (Signature over Printed Name) | | | | | | | | | (Signature over Printed Name) | | | | | | | |
| | | | Head of Accounting D | Division/Unit | | | | | | | | D | isbursing Office | r | | | | |