



WITH REG. ATM CARDS

PAYROLL FOR JOB PERSONNEL
DOH-RO7
March 16-31, 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	D E D U C T I O N S								Total Amt.	REMARKS	
									W/Tax 10%	W/Tax 3%	W/Tax 2%	Coop	Disallow.	Pag-Ibig	PHIC	GSIS	Excess Mobile		
	SAMPLE																		
sample	sample	sample		10,072.00	5,036.00	0.00	437.91	4,598.09	0.00	137.94	91.96	100.00	100.00	100.00	100.00	100.00	100.00	3,768.18	hjadahjadh adasdasdy uy23123ay udsyuy12uy 3asd
								4,598.09											
		Page Total		10,072.00	5,036.00	0.00	437.91	4,598.09	0.00	137.94	91.96	100.00	100.00	100.00	100.00	100.00	100.00	3,768.18	
		Grand Total		10,072.00	5,036.00	0.00	437.91	4,598.09	0.00	137.94	91.96	100.00	100.00	100.00	100.00	100.00	100.00	3,768.18	
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>										