



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	Net Amount	D E D U C T I O N S								Total Amt.	REMARKS	
							Absences		W/Tax 10%	W/Tax 3%	W/Tax 2%	Coop	Disallow.	Pag-Ibig	PHIC	GSIS	Excess Mobile		
	BUDGET SECTION																		
254384917	PRINCE SS	LENNON	Administrative Aide IV	9,000.00	4,500.00	0.00	0.00	4,500.00	0.00	135.00	90.00	0.00	0.00	0.00	0.00	0.00	0.00	4,275.00	
								4,500.00											
	FDA SECTION																		
237515178000	JANET	COYOCA	Data Encoder	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											
	HOSPITAL LICENSING SECTION																		
236255599000	Rogellen e	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											
	INFORMATION AND COMMUNICATION TECHNOLOGY UNIT																		
	ALEX	ALUETA	Carpenter	12,000.00	6,000.00	0.00	0.00	6,000.00	0.00	180.00	120.00	0.00	0.00	500.00	0.00	0.00	0.00	5,200.00	
473605081	ALPHA MAE	LAGURA	Architect I	9,000.00	4,500.00	0.00	0.00	4,500.00	0.00	135.00	90.00	0.00	0.00	0.00	0.00	0.00	0.00	4,275.00	
								10,500.00											
	NO SECTION																		
275-211-026-000	Erna	Bustamante	Administrative Aide IV	12.00	6.00	0.00	0.00	6.00	0.00	0.18	0.12	0.00	0.00	0.00	0.00	0.00	0.00	5.70	
								6.00											
	PROVINCIAL HEALTH TEAM FOR NEGROS-SIQUIJOR PROVINCE																		
921-235-548	MARILO U	TANGENTE	Nurse III	42,653.00	21,326.50	0.00	0.00	21,326.50	2,132.65	639.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,554.06	
								21,326.50											
		Page Total		72,665.00	36,332.50	0.00	0.00	36,332.50	2,132.65	1,089.98	300.12	0.00	0.00	500.00	0.00	0.00	0.00	32,309.76	
		Grand Total		72,665.00	36,332.50	0.00	0.00	36,332.50	2,132.65	1,089.98	300.12	0.00	0.00	500.00	0.00	0.00	0.00	32,309.76	

A	CERTIFIED	Services duly rendered as stated	C	APPROVED FOR PAYMENT:	
<div><div>_____</div><div>Administrative Officer V</div><div>Signature over Printed Name of Authorized Official</div></div> <div>_____</div> <div>Date</div>			<div><div>_____</div><div>SOPHIA M. MANCAO,MD,DPSP</div><div>OIC - Asst. Director</div><div>(Signature over Printed Name)</div><div>Head of Agency/Authorized Representative</div></div> <div>_____</div> <div>Date</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><div>_____</div><div>ANGIELINE T. ADLAON,CPA,MBA</div><div>Accountant III</div><div>(Signature over Printed Name)</div><div>Head of Accounting Division/Unit</div></div> <div>_____</div> <div>Date</div>			<div><div>_____</div><div>JOSEPHINE D. VERGARA</div><div>Administrative Office V</div><div>(Signature over Printed Name)</div><div>Disbursing Officer</div></div> <div>_____</div> <div>Date</div>		