



WITH CASH CARDS

PAYROLL FOR JOB PERSONNEL  
DOH-RO7  
February 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    | D E D U C T I O N S  |   |          |      |           |          |           |      | Total Amt.    | REMARKS    |  |  |
|---|--|-------------|-----------|-----------|----------|------------|-----------|--------|--|---|----------|------|-----------|----------|-----------|------|---------------|------------|--|--|
|   |  |             |           |           |          |            | Absences  | Amount | W/Tax 10%  | W/Tax 3%  | W/Tax 2% | Coop | Disallow. | Pag-Ibig | PHIC      | GSIS | Excess Mobile |            |  |  |
|   | INFORMATION AND COMMUNICATION TECHNOLOGY UNIT  |             |           |           |          |            |           |        |  |   |          |      |           |          |           |      |               |            |  |  |
|   | ALEX   | ALUETA      | Carpenter | 12,000.00 | 6,000.00 | 0.00       | 6,000.00  | 0.00   | 0.00   | 0.00  | 0.00     | 0.00 | 0.00      | 500.00   | 15,000.00 | 0.00 | 0.00          | -15,500.00 |  |  |
|   |  |             |           |           |          |            |           | 0.00   |  |   |          |      |           |          |           |      |               |            |  |  |
|   |  | Page Total  |           | 12,000.00 | 6,000.00 | 0.00       | 6,000.00  | 0.00   | 0.00   | 0.00  | 0.00     | 0.00 | 0.00      | 500.00   | 15,000.00 | 0.00 | 0.00          | -15,500.00 |  |  |
|   |  |             |           |           |          |            |           |        |  |   |          |      |           |          |           |      |               |            |  |  |
|   |  | Grand Total |           | 12,000.00 | 6,000.00 | 0.00       | 6,000.00  | 0.00   | 0.00   | 0.00  | 0.00     | 0.00 | 0.00      | 500.00   | 15,000.00 | 0.00 | 0.00          | -15,500.00 |  |  |
| A   | CERTIFIED Services duly rendered as stated   |             |           |           |          |            |           |        | C  | APPROVED FOR PAYMENT:   |          |      |           |          |           |      |               |            |  |  |
| <div>_____<br/>THERESA Q. TRAGICO<br/>Administrative Officer V<br/>Signature over Printed Name of Authorized Official<br/>Date</div>                |  |             |           |           |          |            |           |        | <div>_____<br/>SOPHIA M. MANCAO,MD,DPSP<br/>OIC - Asst. Director<br/>(Signature over Printed Name)<br/>Head of Agency/Authorized Representative<br/>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>_____<br/>ANGIELINE T. ADLAON,CPA,MBA<br/>Accountant III<br/>(Signature over Printed Name)<br/>Head of Accounting Division/Unit<br/>Date</div> |  |             |           |           |          |            |           |        | <div>_____<br/>JOSEPHINE D. VERGARA<br/>Administrative Office V<br/>(Signature over Printed Name)<br/>Disbursing Officer<br/>Date</div>                        |   |          |      |           |          |           |      |               |            |  |  |
|   |  |             |           |           |          |            |           |        |  |   |          |      |           |          |           |      |               |            |  |  |
|   |  |             |           |           |          |            |           |        |  |   |          |      |           |          |           |      |               |            |  |  |
|   |  |             |           |           |          |            |           |        |  |   |          |      |           |          |           |      |               |            |  |  |