



WITH CASH CARDS

PAYROLL FOR JOB PERSONNEL
DOH-RO7
January 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	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	6,545.45	-545.45	0.00	-16.36	-10.91	0.00	0.00	0.00	15,000.00	0.00	0.00	-15,518.18		
								-545.45												
		Page Total		12,000.00	6,000.00	0.00	6,545.45	-545.45	0.00	-16.36	-10.91	0.00	0.00	0.00	15,000.00	0.00	0.00	-15,518.18		
		Grand Total		12,000.00	6,000.00	0.00	6,545.45	-545.45	0.00	-16.36	-10.91	0.00	0.00	0.00	15,000.00	0.00	0.00	-15,518.18		
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 Date</div>									<div>_____ SOPHIA M. MANCAO,MD,DPSP OIC - Asst. Director (Signature over Printed Name) Head of Agency/Authorized Representative 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>_____ ANGIELINE T. ADLAON,CPA,MBA Accountant III (Signature over Printed Name) Head of Accounting Division/Unit Date</div>									<div>_____ JOSEPHINE D. VERGARA Administrative Office V (Signature over Printed Name) Disbursing Officer Date</div>											