



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	DEDUCTIONS								Total Amt.	REMARKS	
							Absences	Amount	W/Tax 10%	W/Tax 3%	W/Tax 2%	Coop	Disallow.	Pag-Ibig	PHIC	GSIS	Excess Mobile		
	NO SECTION																		
	Al-el Mae	Pacres	Project Assistant III	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	
912-0900587-35	ALEL MAE	PACRES		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	
469298479000	Ameil Claire	Bacolod	NDP Nurse	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	
	Amelia Joy	Eamiguel	Nurse I	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	
118-848-182	ANDRES	VILLARIN	Laboratory Aide	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	
910897839	CARLITO	ARRO	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											
	HEALTH RESEARCH AND DEVELOPMENT, INFORMATION AND PROMOTION SECTION																		
	CRISTENE BERNADETH	LLOVERAS	Public Health Associate	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																		
473605081	ALPHA MAE	LAGURA	Architect I	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	
	ASNAUI	PANGCATAN		30,396.00	15,198.00	50,000.00	0.00	65,198.00	6,519.80	1,955.94	0.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	-3,277.74	no absent/no late/50K adjustment
								65,198.00											
	NO SECTION																		
462-887-972-000	AMELIA JOY	EAMIGUEL	Nurse II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	1,500.00	1,000.00	250.00	150.00	2,000.00	-5,400.00	
								0.00											
		Page Total		30,396.00	15,198.00	50,000.00	0.00	65,198.00	6,519.80	1,955.94	0.00	10,500.00	11,500.00	11,000.00	10,250.00	10,150.00	12,000.00	-8,677.74	
		Grand Total		30,396.00	15,198.00	50,000.00	0.00	65,198.00	6,519.80	1,955.94	0.00	10,500.00	11,500.00	11,000.00	10,250.00	10,150.00	12,000.00	-8,677.74	

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>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>		