



Address: GROUND FLOOR UNIT 4 TRESMAVICA BLDG., Q.
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Payroll

For the period 2023-06-16 to 2023-06-30

WE HEREBY ACKNOWLEDGE receipt of the sum specified opposite our respective names, as full compensation for our services rendered.

Emp. Name	Initial Salary	Leave	Reg. Holiday	Sp. Holiday	Rest Day Premium	OT	Night Diff.	Adj.	Gross Salary	Deductions											Total Deduc.	Net Income	Signature
										SSS	HDMF	PhilHealth	GSIS	SSS LOAN	HDMF LOAN	GSIS P.L.	GSIS E.L.	GSIS C.L.	CA	Absent			
BALBASTRO, ACE CRISTOPHER	5057.50	252.88	0.00	0.00	0.00	0.00	34.14	0.00	5344.52	495.00	100.00	220.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	815.00	4529.52	
Total	5057.50	252.88	0.00	0.00	0.00	0.00	34.14	0.00	5344.52	495.00	100.00	220.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	815.00	4529.52	

I HEREBY CERTIFY that I have personally paid in cash or thru online transfer to each employee whose name appears in the above payroll the amount set opposite his/her name.
The amount paid in this payroll is Php4,529.52 including their overtime payment.

APPROVED FOR PAYMENT

CEO

Date