



Address: GROUND FLOOR UNIT 4 TRESMAVICA BLDG., Q.  
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# 13th MONTH

For the period 2023-05-01 to 2023-07-31

WE HEREBY ACKNOWLEDGE to have received the sum specified opposite our respective names, as full compensation for services rendered.

Employee Name	No. of Days	Daily Rate	Gross Salary	Deductions	Total Accumulated Income	13th Month Pay	Available SIL	Net Income	Signature
John Doe	44	450.00	19800.00	0.00	19800.00	1650.00	5	3900.00	
Total			19800.00	0.00	19800.00	1650.00		3900.00	

I HEREBY CERTIFY that I have personally paid in cash or thru online transfer to each employee whose name appears in the above 13th month the amount set opposite his/her name.  
The amount paid in this 13th month is Php3,900.00.

APPROVED FOR PAYMENT

\_\_\_\_\_  
CEO

\_\_\_\_\_  
Date