

We acknowledge receipt of cash shown opposite our name as full compensation for services rendered for the period covered.

| N A M E | Wage/day or Wage/month | No. of Days | FUND CHARGING | GROSS AMOUNT | PAG-IBIG | | | | | | WITHHOLDING TAX | NET AMOUNT | SIGNATURE |
|-----------------|------------------------|-------------|----------------|--------------|----------|-----|--------------------------|---------------------|---|---|-----------------|------------|-----------|
| | | | | | PREMIUM | MP2 | Multi-Purpose Loan (MPL) | Calamity Loan (CAL) | | | | | |
| JOLLIVE A.CURAY | 640.14 | 18.00 | SFF. EXTENSION | 11,522.52 | 100.00 | | | | | | 11,422.52 | | |
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| TOTAL | | | | 11,522.52 | 100.00 | - | - | - | - | - | 11,422.52 | | |

C. APPROVED FOR PAYMENT:

Date _____