

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

| NAME | 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) | | | |
| JONEL H. ABABAT | 561.80 | 8.00 | EFA/MI.A.III.C | 4,494.40 | - | - | - | - | - | 4,494.40 | |
| | | | | - | | | | | | - | |
| | | | | - | | | | | | - | |
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| | | | | - | | | | | | - | |
| | | | | - | | | | | | - | |
| TOTAL | | | | 4,494.40 | - | - | - | - | - | 4,494.40 | |

A. CERTIFIED: Services duly rendered as stated.

C. APPROVED FOR PAYMENT:

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C. APPROVED FOR PAYMENT:

Date _____

Date _____

B. CERTIFIED: Supporting documents complete and proper, and cash available in the amount of P 4,494.40

D. CERTIFIED: Each employee whose name appears on the payroll has been paid the amount as indicated opposite his/her name

NICK FREDDY R. BELLO
OIC HEAD, OFFICE OF THE HEAD OF ACCOUNTING

Date _____

QUEEN-EVER Y. ATUPAN
HEAD, CASH DIVISION

Date _____

ORS/BU/RS No.: _____

Date: _____

JEV No.: _____

Date: _____