

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

October 1-26, 2023

A. CERTIFIED: Services duly rendered as stated.

C. APPROVED FOR PAYMENT:

Date _____

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

Date _____

ORS/BUIS No. : _____
Date : _____
JEV No. : _____
Date : _____

Date : _____