

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

18-25

**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/BUKS No.: \_\_\_\_\_

Date: \_\_\_\_\_

JEV No.: \_\_\_\_\_

Date : \_\_\_\_\_