MAGNA CARTA PAYROLL

**UNIVERSITY HOSPITAL**
Office/Dept./Center

Visayas State University

For the period: October, November, December, 2021

| No. | NAME | Occupation | Number of Days Worked | | | Total # Days | Rate/ Day/ | Subsistence Allowance | Laundry Allowance | Gross Amount | Net Earned | Signature |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Oct. | Nov. | Dec. | Worked | Month | Amount | Amount | Earned | | |
| 1 | FAELNAR, LADY MAY C. | NURSE I | 20 | 16 | 19 | 55 | 50.00 | 2,750.00 | 450.00 | 3,200.00 | 3,200.00 | 1 |
| 2 | GUMAOD, SOLIVER B. | Admin. Aide I | 20 | 18 | 17 | 55 | 50.00 | 2,750.00 | 450.00 | 3,200.00 | 3,200.00 | 2 |
| 3 | SARAH AURORA W. TABADA | Med. Off. III | 20 | 18 | 19 | 57 | 50.00 | 2,850.00 | 450.00 | 3,300.00 | 3,300.00 | 3 |
| | XXXXXXXXXX | | | | | | | | | | | |
| | | TOTALS: | | | | | | **8,350.00** | **1,350.00** | **9,700.00** | **9,700.00** | |

CERTIFIED:

For person whose name appears in the roll had rendered services for the time stated

**ELWIN JAY V. YU, M.D.**
Chief of Hospital I

CERTIFIED:

1) Adequate available funds in the amount of P_____ 2) Properly approved 3) Supported documents appearing legal and proper as per list attached 4) Account codes proper.

**NICK FREDDY R. BELLO**
OIC - Head, Accounting Division

APPROVED FOR PAYMENT:

**EDGARDO E. TULIN**
President

CERTIFIED:

Each persons whose name appears in this roll has been paid the amount his/her name identifying him.

**QUEEN EVER Y. ATUPAN**
Disbursing Officer