

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)			
VANESSA MAY B. MILAN	603.40	11.00	EFARMI.A.III.C	6,637.40	200.00					6,437.40	
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				-						-	
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				-						-	
				-						-	
				-						-	
TOTAL				6,637.40	200.00	-	-	-	-	6,437.40	

A. CERTIFIED: Services duly rendered as stated.

C. APPROVED FOR PAYMENT.

C. APPROVED FOR PAYMENT:

Date: _____