

SALARY SLIP

replace with
LOGO

Company Name _____
 Contact Person _____
 Address _____
 City, State, ZIP _____
 Country _____
 Phone _____
 Fax _____
 Email _____
 Business ID _____

Employee Name _____
 Employee ID _____
 Job Title _____
 Job Status _____
 Employee Tax Code _____
 Payment Period _____
 Payment Method _____
 Other _____
 Other _____

Department _____
 Finance _____

Pay Code _____

REMARKS: _____

Date	Number of Hours Worked	Rate/Hour	Wages	Amount	Deduction	Balance
06/05/2018	5	\$10,000	\$50,000	\$50,000	\$20,000	\$30,000
06/06/2018	8	\$14,000	\$112,000	\$162,000	\$35,000	\$127,000
06/07/2018	8	\$10,000	\$80,000	\$242,000		\$242,000
06/08/2018	7	\$10,000	\$70,000	\$312,000	\$45,000	\$267,000
06/09/2018	6	\$10,000	\$60,000	\$372,000	\$12,000	\$360,000

PAYMENT CODE _____

PAYSLIP NUMBER _____

MISCELLANEOUS _____

CREDIT REVIEW: _____

SIGNATURE/MANAGER _____

APPROVED: _____