**ANNEX H**

**TUPAD PAYROLL TEMPLATE UNDER DIRECT ADMINISTRATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | |  | | --- | | **Republic of the Philippines** | | **DEPARTMENT OF LABOR AND EMPLOYMENT** | | **Regional Office No. \_\_\_\_\_** | | | |  | | | |
|  | Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Barangay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | | |
|  | |  |  | | --- | --- | | We hereby acknowledge to have received from DOLE RO\_\_ the sum specified opposite our respective names as full compensation for our services for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  | |  |  | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Funds Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Accountant

1. I CERTIFY on my official oath that the above 3. I CERTIFY on my official oath that I have processed the

Payroll is correct and that the services have release of funds for the payment of salaries of TUPAD

been duly rendered. beneficiaries and I have deposited the same to the bank

account of the (indicate the name of the service provider).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PO/FO Cashier**

2. Approved payable from appropriation. 4. I CERTIFY on my official oath that I have paid

to each worker whose names appear

above the amount set opposite their names.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regional Director Service Provider Representative**