

Company Name

Phone# (555)-5555-5555
Insurance ID Click here to enter text.
Email abc@example.com

Employee Details

Employee Name John Department Finance
Designation Manager
Salary Month Click here to enter a date.

COMMENTS: [ENTER YOUR COMMENT HERE]

Date Click here to enter a date. Company ID Click here to enter text.
P.O Number Click here to enter text. Phone # (111) 222-3333
TERMS On contract

Particulars	Advance	Amount
Basic		\$ 00.00
House Rent Allowance		\$ 00.00
Conveyance		\$ 00.00
Dearness Allowance		\$ 00.00
Overtime		\$ 00.00
		\$ 00.00

Subtotal	\$ 00.00
Employee State Insurance	\$ 00.00
Provident Fund	\$ 00.00
Professional Tax	4%

Net Salary	\$ 00.00
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Employer's Signature: _____

Employees signature: _____