

# Company Name

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

<b>Subtotal</b>	<b>\$ 00.00</b>
Employee State Insurance	\$ 00.00
Provident Fund	\$ 00.00
Professional Tax	4%

**Net Salary** \$ 00.00

Employer's Signature: \_\_\_\_\_

Employees signature: \_\_\_\_\_