

Salary Slip

Format No.:		Slip No.:		
Name of Employee:				
Designation:				
Date of Joining				
PF No.:				
Month/Year	Total Days	Absent Days	Present Days	PL/CL Balance
Salary Description		Deduction		
Particular	Amt.(\$)	Particular	Amt.(\$)	
Basic		Provident Fund		
Education		Professional Tax		
Convenes		Tax Deduction Services		
HRA		Employee State Insurance		
House Rent				
Traveling Allowance				
Medical Allowance				
Gross Amt				
Net Payable Amount				
\$.	.00	Amt. in Word:		
Signature				