



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

Employer's Signature: _____

Employees signature: _____