

UNIFORM MAINTENANCE ALLOWANCE PAYROLL SUMMARY

Company
Name:

Pay Period
From:

Department:

Pay Period
To:

Date
Prepared:

Reference
No:

S.N.	EMPLOYEE ID	EMPLOYEE NAME	DEPARTMENT / COST CENTER	ALLOWANCE RATE	NO. OF PAY PERIODS	TOTAL ALLOWANCE	EMPLOYEE ACKNOWLEDGMENT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total Summary:							

Prepared By (Name / Signature)

Reviewed By (Payroll Officer /
Signature)

Approved By (Manager / Signature)