
End of Service Gratuity Receipt

Address: Contact:

Receipt No: _____

Date: _____

EMPLOYEE PROFILE

Employee Name: _____ Employee ID: _____
Designation: _____ Department: _____
Date of Joining: _____ Date of Leaving: _____
Total Service Period: _____ Reason for Leaving: _____

GRATUITY & FINAL SETTLEMENT CALCULATION

Description	Amount
Last Drawn Basic Salary	
Gratuity Entitlement (First 5 Years)	
Gratuity Entitlement (Beyond 5 Years)	
Unused Leave Encashment	
Other Additions / Allowances	
Deductions (Loans / Advances / Damages)	
Net Gratuity & Final Settlement Paid	

Amount in Words: _____

Payment Mode / Ref: _____

I, _____, hereby acknowledge receipt of the sum of _____ as full and final settlement of my End of Service Gratuity and all other terminal benefits from _____. I hereby confirm that I have no further claims, financial or otherwise, against the company.

Prepared By
HR/ Payroll Department

Approved By
Authorized Signatory

Employee Signature

Date: