

Doc. 8 F 71.58 NB. 3 HATHA Co, 5 222

DECLASSIFIED
Authority NND 650076

the sums herein specified opposite our respective names, the same being in full correctness of which we hereby severally certify.

GRANCE ITEM	Number	Amount Due	AMOUNT PAID		Signature of Payee	Witness to Mark or Illegible Signature	Unpaid Amount Due (Cr. C-1)	REMARKS
			In Cash (Cr. A-1)	In Check (Cr. A-2)				
Class	16	17	18	19	20	21	22	23
5						Government Contribution		
1								
2								Vice Y. Rosario
3								Vice A. Y. Mical
4								
5								
6								Vice J.V. Cabal
7								Vice Y. Yap
8								Vice H. Balila
9								Vice I. Alaya
10								
11								
12		15.00	15.00					
13								
14								
15		57.90	57.90			1.30		
16		59.90	59.90			1.00		
17		57.95	57.95			1.77		
18		53.90	53.90			1.65		
19		45.90	45.90			1.90		
20		55.90	55.90			1.95		
21		57.90	57.90			1.30		
22								
23								
24		15.00	15.00					
25								
26								
27								

St. Francis Cr.

These are the teachers under my supervision here been rendered on the dates as noted by law. This payroll contains three sheets.

ROBERTO C. SANTOS
Principal

Cash P 975 = 375
Paid mt. payroll sheet 1150
Medical 225
Social 225
1935-36

(6) I HEREBY CERTIFY on my official oath that I have paid in cash to each official and employee whose name appears on the above roll the amount set opposite his name, under column 17, he having signed or marked his name under column 20 above, in my presence and at the time that payment was made to him, in acknowledgment of the receipt of the money paid him.

Municipal Mayor

FRAN. C. ENCALO
Municipal Treasurer

INSURANCE FUNDS:

(re) P _____ 194 _____

(7) I HEREBY CERTIFY on my official oath that each employee whose name appears on the above roll has been paid in cash or in check, and in no other mode, the amount shown under column 18 or 19 above, opposite his name. The total of the payments made by me in this pay roll amounts to

(P _____) pesos.

DECLASSIFIED

FRAN. C. ENCALO
Municipal Treasurer

Medical
St. Francis Cr.