|  |  |  |  |
| --- | --- | --- | --- |
|  | **Company Name** |  |  |
| **Staff Salary and Allowance Slip**  |
| **Name:**  | Click here to enter text. |
| **Designation:** Click here to enter text. |
| **Department:** Click here to enter text. |
| **Date Of Joining:** Click here to enter a date. |
| **Earnings** | **Deductions** |
| **Salary head** | **Amount** | **Salary head** | **Amount** |
| **Basic** |  | **PF Employee** |  |
| **H R A** |  | **ESI Employee** |  |
| **Conv. All** |  | **Loan** |  |
| **Trans. All** |  | **Tax** |  |
| **CEA** |  |  |  |
| **Others** |  |  |  |
| **Medical Allowance** |  |  |  |
| **SALARY (GROSS) / PM** |  |  |  |
| **PF Employer** |  |  |  |
| **ESI Employer** |  |  |  |
| **Medical** |  |  |  |
| **Telephone**  |  |  |  |
| **Others** |  |  |  |
| **Salary** |  | **Total Deduction** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Prepared by** |  | **Checked by** |  | **Authorized by** |  |