

COMPANY's Name


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ADDRESS

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ALLOWANCE RECEIPT FOR THE MONTH OF XX 2018

IC No	XX-XXXXXX	Attendance	: 31	Days
Name	Dayang Pulan binti Pulanah	Loss of Pay	:	Days
Designation	POSITION	Total Paid Days	: 31	Days
Commencement Date	DD/MM/YY			
Account No	XX-XXX-XX-XXXXXXX			
ALLOWANCE		DEDUCTIONS		
Allowance	: \$ XXXX.XX	BND	Other Deductions	
			Unpaid Leave	: \$ BND
			TAP	: \$ XX.00 BND
			SCP	: \$ XX.XX
			Total Deductions	: \$ XX.XX BND
Net Allowance	: \$ XXXX.XX	BND		
				

Note:

Upon issuance of this allowance receipt, your allowance have been credited into your account. Any discrepancies or error in calculation kindly contact Finance. Thank you.