

PAPUA NEW GUINEA
WAGES SHEET

DEPARTMENT / OFFICE

Departmental
Reference No.

C.F.C
No.

Vote to be charged (Column 1)

Division	F	Act	Item	Commitment No.

Name	Occupation	Period		Fortnightly Wages	Gross	Fortnightly Deductions			Net	Signature of Payee & Date	I certify that this account is correct Signature & Date (Financial Delegate) Designation
		From	To			Tax	Housing				
					1	2	3	4	5		
Gross (Column 1)kina					K						We certify that the persons named in this Pay Sheet have this day been paid the net amounts set opposite their name in our joint presence. (Paymaster) (Date)
.....toea											

FOR PAYING OFFICE USE			
Registration No.		Consec. No.	
Date of Regist- ration	Not Previously Paid	F.D's Signature Verified	Examined

I certify that this account is correct within
the meaning of the *Public Finances
(Management) Act*

.....
(Certifying Officer) (Date)

N.B.- Total of the deductions as per Column 2,3 and 4 credited to Revenue on Receipt No..... Dated.....
Accounting Officers operating on imprest advances must enter Gross Total (Column 1) on the Payment schedule - Form 11. The
Receipt number covering deductions will be entered on the Receipts schedule - Form 12.

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(Witness) (Date)