

Wage Receipt

I, _____ ID/ Passport No. _____,
acknowledge receipt of the payment of the following items from my
employer _____ on (date) _____
in cash/ by cheque/ by bank autopay.

1) Wages (from _____ to _____) \$ _____

Inclusive of payment for the following:

- a) statutory holiday(s) (date(s) _____)
- b) annual leave (from _____ to _____)
- c) sick leave (from _____ to _____)
- d) others (please specify) _____

2) Food allowance (from _____ to _____)

Received by (Signature): _____
(Name) ()

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