

# Company Name

## Pay Slip

Employee Name :

Designation :

Department :

Month :

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			
<b>SALARY (GROSS) / PM</b>			
PF Employer			
ESI Employer			
Medical			
Telephone			
Others			
<b>Salary</b>		<b>Total Deduction</b>	

Prepared by \_\_\_\_\_

Checked by \_\_\_\_\_

Authorized by \_\_\_\_\_