

Company Logo Here

Address:

ZIP Code:

Telephone:

Fax:

email:

Payslip / Salary Advise

Employee Name: _____

Designation: _____ Cost Centre: _____

Pay Period: _____ Payment Date: _____

Date From: _____ Date To: _____

| INCOME | | | |
|-----------------------|----------|---------|--------|
| DESCRIPTION | QUANTITY | RATE | AMOUNT |
| Basic Salary | | | |
| Taxable Allowance | | | |
| Non-Taxable Allowance | | | |
| Other | | | |
| GROSS EARNINGS | | | |
| DEDUCTIONS | | | |
| DESCRIPTION | | BALANCE | AMOUNT |
| PAYE Tax | | | |
| UIF | | | |
| SDL | | | |
| Other | | | |
| TOTAL DEDUCTIONS | | | |
| NETT PAY | | | |
| LEAVE DAYS DUE | | | |