[Your Business Name]

SALARY SLIP

Address: _____

Phone: _____

Employee name: _____ **Month:** _____

Designation: _____ **CNIC / employee no.:** _____

Days worked: _____ **Paid by (cash / bank):** _____

S.No	Earnings (basic salary, allowances, overtime, bonus)	Amount
1		
2		
3		
4		
5		
6		

Net salary in words:

_____

Gross salary	
Deductions (advance, leave, tax)	
Net salary paid	

Employee signature

Authorised signature

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