

ANNEXURE XIII

PAYMENT SHEET FOR THE MONTH OF

NAME OF CONTRACTOR:
 NAME OF WORK :
 WORK ORDER NO.
 WORK ORDER DT.
 MEASUREMENT PERIOD FROM: TO:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
SL.NO.	Name of Employee	Father's Name	E-Code	EPF	ESIC	WAGE RATE	Attendance	Paid Holiday	EL	OT	Total Days	Net Wage	EL Wage	OT Wage	Gross Wage	Employee Contribution	Advanc	Total Recovery	NET PAYABLE(towards)	A/c no	IFSC Code	Bank Name	
																PF @12%	ESI @ .75%						
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
	TOTAL						0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0			

DATE:

Contractor Signature & Seal

CONTRACT EXECUTIVE