FM-BLES 03-3.12 Revision Code: 1 Effectivity Date: July 10, 2002	**GENERAL PAYROLL FOR PIECE RATE ENUMERATORS** **____(Year)____**	Page __ of __

WE ACKNOWLEDGE the receipt of the sums shown opposite our names in cash as full payment for our services for the period (Month/Day/Year)

No.	Name	Designation	DELIVERY[1]		RETRIEVAL[2]		Net Amount Received	No.	Signature of Payee
			No.	Payment	No.	Payment			
		TOTAL							

1 - (Amount) per establishment. *2 - (Amount) per questionnaire .*

Certified Correct: _____
Chief LEO

Funds Available: _____
Chief Accounting Division

Approved for Payment: _____
Director IV

I CERTIFY on my official oath that I, have paid to each employee whose name appears on the above roll the amount set opposite his name, he having presented his Residence Certificate.

_____
Cashier V

_____
Date