

**Receipt for Payments upon Termination of Contract**

I, \_\_\_\_\_, I D/ Passport No. \_\_\_\_\_, receive the following payments from my employer \_\_\_\_\_ on \_\_\_\_\_ \* in cash / by cheque (cheque number : \_\_\_\_\_) / by bank autopay.

- |  |          |
|--|----------|
| 1. Wages (from _____ to _____)                                 | \$ _____ |
| Inclusive of payment for the following:                        |          |
| (a) Statutory holiday(s) (Dates: _____)                        | \$ _____ |
| (b) Annual leave (From _____ to _____)                         | \$ _____ |
| (c) Sick Leave (From _____ to _____)                           | \$ _____ |
| (d) Others (please specify) _____                              | \$ _____ |
| 2.) Food allowance (From _____ to _____)                       | \$ _____ |
| 3.) Wages in lieu of notice:                                   | \$ _____ |
| 4.) Untaken annual leave pay (_____ days)                      | \$ _____ |
| 5.) Long service payment / severance payment                   | \$ _____ |
| 6.) Food and traveling allowance                               | \$ _____ |
| 7.) Payment in Lieu of air-ticket / return air-ticket to _____ | \$ _____ |
| 8.) Others   | \$ _____ |
| (a) _____  | \$ _____ |
| (b) _____  | \$ _____ |

TOTAL AMOUNT RECEIVED : HK\$ \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature of helper \_\_\_\_\_  
Name ( \_\_\_\_\_ )

Signature of employer \_\_\_\_\_  
Name ( \_\_\_\_\_ )

Witness by (if any) \_\_\_\_\_  
Name ( \_\_\_\_\_ )