

**Wage Receipt**

I, \_\_\_\_\_ ID/ Passport No. \_\_\_\_\_,  
acknowledge receipt of the payment of the following items from my  
employer \_\_\_\_\_ on (date) \_\_\_\_\_  
in cash/ by cheque/ by bank autopay.

1) Wages (from \_\_\_\_\_ to \_\_\_\_\_) \$ \_\_\_\_\_

Inclusive of payment for the following:

- a) statutory holiday(s) (date(s) \_\_\_\_\_)
- b) annual leave (from \_\_\_\_\_ to \_\_\_\_\_)
- c) sick leave (from \_\_\_\_\_ to \_\_\_\_\_)
- d) others (please specify) \_\_\_\_\_

2) Food allowance (from \_\_\_\_\_ to \_\_\_\_\_)

Received by (Signature): \_\_\_\_\_  
(Name) ( )

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