

Wage Receipt

I, _____, ID / Passport No. _____, acknowledge receipt of 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 _____) \$ _____

3. Wages in lieu of notice \$ _____

4. Untaken annual leave pay (_____ days) \$ _____

5. Long service payment / severance payment \$ _____

6. Food and Travelling allowance \$ _____

7. Payment in lieu of air-ticket / return air-ticket of (Airline) _____ \$ _____

8. Others (a) _____ \$ _____

(b) _____ \$ _____

Signature of Helper : _____ Signature of Employer : _____
(Name) (_____) (Name) (_____)

Witnessed by (if any)(Signature) : _____
(Name) (_____)

* delete where appropriate