

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) (dates : _____)

(b) annual leave (from _____ to _____)

(c) sick leave (from _____ to _____)

(d) others (please specify) _____

2. Food allowance (from _____ to _____) \$ _____

Received by

(Name) : _____

Witnessed by (if any)

(Name) : _____