

Dummy Payslip Request Form

Name:		
Surname:		
Rate Per Hour:		
No. of hours per month:		
Personal Contributions:		
Medical Aid Scheme:		
Total Medical Aid Contribution:		
Dependants: Adults:		
Children:		
Retirement Annuity:		
Travel (Log Book Compulsory)		
Vehicle Make and Model:		
Vehicle Purchase Price:		
Business km's per month (ave):		
Personal km's per month (ave):		
Expense Claims (Supporting documents compulsory)		
Cellphone:		
Internet:		
Toll Fees:		
Other:		