From _____ to _____

LOA Payment Sheet

Name:_____ ID #_____
Address:_____
SSN#:_____Phone:_____

Deductions

Medical_____	Dep. Life_____
Dental_____	SuppLife (emp)_____
Vision._____	SuppLife (sp)_____
Colonial_____	SuppLife (ch)_____
PPL_____	Other_____

Payroll date	Amount received	cash,check#,other