

Hospital

XYZ XYZ

Tel: +9201777024443



PAYROLL INVOICE

Name : MR. LABORATORIST
Id : 997
Address : KA/5, BASHUNDHARA R/A GATE
Phone : 123456789

Payroll Id : 82
Paid On :

Description	Type	Amount
Gross Salary	Earning	0

- Earning : Rs. 0
- Deduction : Rs. 0
- Expense : Rs. 0
- Total : Rs. 0