PAY ROLL SYSTEM
AMENDMENT FORM
MULTIPLE EMPLOYEE ENTRY

FORM: PAY FO3

DATE: _____

OFFICE OF THE **ACCOUNTANT GENERAL PAKISTAN REVENUES, ISLAMABAD.**

FOR THE MONTH OF **April 2018**

D.D.O Code

I	D	1	1	6	5

EMPLOYEE DETAIL														
Employee Number	**Employee Name**	**Wage Type**	**Amount**									**Effective Date**	**Wage Type Descrition**

Prepared By _____ D.D.O_____ Audited / Checked By _____ **BRANCH OFFICER**