

**MUSTER ROLL**

Station: ..................................

This form may be used for the allocation. If more than one allocation or any deduction F.O FORM 18 must be used.

To the Accounts at…………………………………passed for payment………………………………………………sub-Accountant.

Please pay…………………………………… (Name and, if to be sent by post, address)

In respect if wages of the following persons(s) for month of…………………………

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ID NO.** | **Name** | **No. of Days** | **Rate per day** | **BASIC PAY** | **NSSF** | **NHIF** | **PAYE** | **Net pay** | **Payee signature** |
|  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

Approved/Certified by: ………………………….Date…………………………….

I certify that the amount of Ksh………………………….....................................................……………………………is correct and due to the person(s) specified and that it has been who have been employed during the period stated at the rate (s)specified and that it has been entered in my vote/ledger and should be charged as under.

 ……………………….signature

 ……………………Designation

Date……………………………..

Account No. Dept. voucher No .D .w .No . Amount Ksh……………..cts ................