# STAFF DEDUCTION FORM

Employee Name: _____ AR Customer ID _____

Department: _____ AR DM Batch No: _____

| Item Purchased / Issued | Qty | Total Amount Payable | No of Pay Periods | Deduction Amount per Pay | Comments |
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I, _____ agree that the amount of K _____ shall be deducted from my fortnightly salary, over a total of ONE (1) or SIX (6) pay periods, to pay for the items purchased / issued by the Company as stated above.

Authorised by: _____ Date: _____

## Payroll Use Only

| O/Standing Balance | Amt Deducted | Pay Period Ending | Current Balance | AR CM Batch No |
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