



PI CODE NO.

REMITTANCE LIST

NAME OF INSTITUTION: _____

Month / Year

ADDRESS: _____

REMITTANCE FOR

CONTACT NO.: (Tel./Fax): _____

NAME OF MEMBER (Alphabetically Arranged)			TIN	PERAA ID NO.	CURRENT MONTHLY SALARY	CONTRIBUTIONS				TOTAL ER & EE SHARE E (A + D)	REMARKS Indicate maiden name if newly married and N - if new member R - Resigned L - on leave
FAMILY NAME	FIRST NAME	MIDDLE NAME				EMPLOYER'S (ER) SHARE A	EMPLOYEE'S (EE) SHARE		TOTAL EE SHARE D (B+C)		
						Compulsory Contribution B	Voluntary Contribution C				

NOTE: Contribution Rate → Employer: _____% ; Employee: _____%

TOTALS

PERAA USE ONLY

1st entry : _____

2nd entry : _____

Matched : _____

Contributions Due P- _____

Add : Underpayment (If any) (+) _____

Deduct: Contribution Deposits on account of Repurchase(-) _____

Amount of Remittance P- _____

* TO BE FILLED UP ON THE LAST PAGE ONLY

FORM OF REMITTANCE

Bank Remittance with _____ Date _____

Check (Enclosed) Date _____

Money Order (Enclosed)

Cash

Contribution Deposit CDM#/s _____ Amount _____

CERTIFIED CORRECT BY:

Signature : _____

Printed Name: _____

Official Title : _____

Date : _____

Page ____ of ____ sheet/s