



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 Compulsory Contribution B	Voluntary Contribution C		

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

TOTALS

PERAA USE ONLY

Contributions Due P- _____
 Add : Underpayment (If any) (+) _____
 Deduct: Contribution Deposits on account of Repurchase(-) _____
 Amount of Remittance P- _____

1st entry : _____
 2nd entry : _____
 Matched : _____

* 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 : _____