**Payment of Overtime Services Checklist**

Payee:

Amount:

Particulars:

Supporting Documents: Two (2) copies collated

*(Put N/A if not applicable)*

* [ ]  Request Letter for payment of Overtime Pay indicating the authorized period covered
* [ ]  Approved Request for Authority to render Overtime Services
* [ ]  Monthly Individual Accomplishment Report for the actual work done during overtime
* [ ]  Duly signed Daily Time Record

I hereby certify that above documents are complete and arranged as per checklist.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name / Date

Email Address:

Contact Number/s: