**SDOs / IUs Payroll Disbursement Checklist**

For the period of:

*(Put N/A if not applicable)*

**Summary of Payroll Disbursement**

* Payroll Disbursement (Softcopy)
* SARO (if applicable)

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

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

Signature over Printed Name / Date

Email Address: rpsu.calabarzon@deped.gov.ph

Contact Number/s: