

**MGM Motor Trading Inc**  
**CHECK REQUISITION FORM**

Date : 09/15/2021 Dept. Code : \_\_\_\_\_  
Payee : CABRERA, CARL ANTHONY C.

Description	Amount
LAST PAY	<del>4,416.52</del>

Requested check date : \_\_\_\_\_ Check release date : \_\_\_\_\_

Requested by : [Signature] Approved by : [Signature]

<b>NET PAY</b> <u>4,416.52</u>	
Prepared by: <u>[Signature]</u> JOSEPHINE P. REPANE PAYROLL ASSISTANT/OFFICER	<u>9/17/2021</u> DATE
Reviewed by: <u>[Signature]</u> GODFREY O. CHALOYEN PAYROLL SUPERVISOR	<u>9/15/2021</u> DATE
<p>I hereby acknowledge receipt of the <u>COMPUTATION OF MY LAST PAY</u> and attest my full understanding and agreement with the said computation.</p> <p>Conforme: <u>[Signature]</u> CABRERA CARL ANTHONY C. SIGNATURE OF SEPARATED EMPLOYEE</p> <p align="right">_____ DATE</p>	