

Payment Template

Contract Description: _____
 Contract number _____
 Reporting Month: _____
 Contractor: _____



No.	First Name	Initials	Surname	Id number	Birth Date	Male / Female (M/F)	Yes/No Disability Status (Provide affidavit)	a Wage Rate (R)	b No. of days worked this month	No. of training days this month	a x b Total Amount Paid to Beneficiary (R)	Course Name	Course Code	Signature For Payment Received
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								Totals						

Name and Surname of Site Agent

Name and Surname of Site Agent

Attendance Register



Contract Description: _____

Contract number: _____ Contractor: _____

Reporting Month: _____

Week Start Date: _____ Week End Date: _____

No.	Name & Surname	Monday				Tuesday				Wednesday				Thursday				Friday				Days Worked	Days Trained	Person Days	
		Time In		Time Out		Time In		Time Out		Time In		Time Out		Time In		Time Out		Time In		Time Out					
		In	Sign	Out	Sign	In	Sign	Out	Sign	In	Sign	Out	Sign	In	Sign	Out	Sign	In	Sign	Out	Sign				
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Name and Surname of Site Agent

Signature of Site Agent

Labour Schedule

Contract description: _____
 Contract number: _____ Consultant: _____
 Reporting Month: _____ Contractor: _____
 Ward: _____



No	Name and Surname	Id no.	Date employed	Male / Female (M/F)	Y < 35 yrs Youth/Adult (Y/A)	Yes/No Disability Status (Y/N)	a Task/Daily Wage Rate (R)	b Total Days Worked	a x b Total Amount Paid (R)	Contact number	Signature For Payment Received
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30											
							Totals				

 Name and Surname of Site Agent

 Signature of Site Agent