

Remuneration Summary Sheet

S. No.	Date	Day	Type of Work	Work Time	Duration	Remuneration (Per Hour)	Total Amount	Signature of Work Supervisor
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

Date:

Signature of ELP Coordinator