

Deduction Verification Statement

Date:

Employee Name:

Employee ID:

Department:

Deduction Details

Deduction Type	Amount	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Verification

I hereby confirm that the above deductions have been reviewed and are correct to the best of my knowledge.

Verified By:

Signature:

Date: