

ANNEXURE A.6
NATIONAL BARGAINING COUNCIL FOR THE ROAD FREIGHT AND LOGISTICS INDUSTRY

PAYMENT VOUCHER

1. For Council records or Employee's payment voucher (Mark appropriate block "X")
 Annual Leave or Sick Leave Bonus (Mark appropriate block "X")

2. Full name and surname of employee: _____

3. Identity No.: _____ 4. Computer No.: _____

5. Clock No.: _____ 6. Occupation: _____

7 & 8 To be completed for Annual Leave ONLY	Accrued Days
7. State month during which leave is usually due / will be due: _____	
8. I / We certify that the above mentioned employee is still in my / our service and qualifies for annual leave which has been granted for the period: _____ to _____	

To be paid directly into bank account in employee's **own name**, please supply details:

Bank Name: _____

Type of account: Current 1 Savings 2 Transmission 3

Branch Name: _____

Branch Code: _____ Account No.: _____

I / We certify that the above mentioned details are true and correct:

Date: _____

Place: _____

Signature of employer of duly
authorized representative

Stamp of Company