

Company Name: [Your Company Name]

Month: [e.g., June 2024]

Department: [Department Name]

Monthly Salary Disbursement Register

S.No.	Employee Name	Employee ID	Designation	Bank A/C No.	Basic Salary	Allowances	Deductions	Net Payable	Signature
1	John Doe	EMP-101	Manager	XXXXXXXXXX	50,000	5,000	2,000	53,000	
2	Jane Smith	EMP-102	Accountant	XXXXXXXXXX	35,000	3,000	500	37,500	
3	Samuel Lee	EMP-103	Clerk	XXXXXXXXXX	20,000	1,000	200	20,800	

Important Notes

- All details must be verified before salary disbursement.
- Employees should sign upon receiving their monthly salary.
- Register should be securely filed and retained as per company policy.
- Mistakes should be corrected promptly and initialed by authorized personnel.
- Bank account numbers must only be shared with authorized individuals.