

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount to Deduct \$ \_\_\_\_\_

Deduction amount in currency pay period \$ \_\_\_\_\_

Deduction pay period \_\_\_\_\_

Balance to carry forward (if any) \$ \_\_\_\_\_

Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ Understand and agree that I am responsible for the above costs and will repay B.N Dulay's Trux Ltd. as agreed above.

Signature \_\_\_\_\_