**(First-party’s Name)**

(Address)

(City, Zip code)

(Date)

(**Recipient Name**)

(Address)

(City, Zip code)

To Whom It May Concern:

I, **(*first-party’s name****)*, a **(*insert position in the company)*** of your company, do hereby authorize the bearer of this letter named, **(*name of bearer****)*, to claim my 13-month salary on **(*insert date of transaction)*** from your office. I am unable to claim this myself due to **(*state reason for absence)*.**

Attached herewith is a copy of my company ID and **(*name of valid ID****)*. The representative will present his/her *(****name of the valid ID of the bearer****)* upon claiming the salary for verification purposes.

For any concerns and questions about the transaction, you may contact me at (***insert phone number).***

Sincerely,

(***signature over printed name****)*