EMPLOYEE'S BENEFIT REIMBURSEMENT FORM

1 10	ACCOUNTS AND THE PROPERTY OF T	**************************************
UO 01/1		
TO THURSHAY STATE OF	APPROVED BY	
Ó		THE STATE OF THE S
	Medical Reimbursement	Me
4 - 20 ac	•	
AMOUNT	PARTICULAR/DESCRIPTION	PART
DENTAL GOVERNMENT	GWS	Team Leady
NATURE OF BENEFIT	OWISION OF PARTIACNY	POSITIONIDESIGNATION
02 12 12	ALFREDU F. GALV	620
DATE	יודארת ה אפט	EMP NO EMPLOYEE'S NAME

S

8

San S 6. CHUR - FIRE, Major 11 - 811 - 612 - 162 THE MOMENT DATE

LD S M3 20120 ADD URT(12%) Seles before the Total un Sales: grand lotal: () () 35.80 5.30 . 100 m 140.90 180.90

ID: CROUALOWIBAGIST) This serves as an aftern active

847 Criselda/Criselda

161.00

.... 🚰

20.10

Itens: 2 0ty: 16

Thank you for shopping at ORO!