

# Panamed

## EMPLOYEE'S BENEFIT REIMBURSEMENT FORM

EMP. NO: P1666	EMPLOYEE'S NAME JOHAN D. PALMA	DATE: JUG. 03, 2020
POSITION/DESIGNATION: WAREHOUSE SUPERVISOR	DIVISION / DEPARTMENT: LOGISTICS DEPT.	NATURE OF BENEFIT: <input type="checkbox"/> DENTAL <input checked="" type="checkbox"/> OPTICAL <input type="checkbox"/> MEDICINE

PARTICULAR/DESCRIPTION	AMOUNT
OPTICAL CHECKUP - DR # 107590 EYE DROPS (ALEGYSL) DR # 103862573727	P 900.00 ✓ 394.00 ✓
CHECKED BY:	APPROVED BY:
	<b>TOTAL AMOUNT</b> P 1,294.00 ✓

PER-12 - REV: 07.08.97

TOTAL

Sr. Citizen TIN	OSCA/PWD ID No.	Signature
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200 Bkts (50x2) 105001-115000  
BIR Authority to Print No. 4AU0002001541  
Date Issued 07-05-2018: Valid until 07-04-2023



Image & Likeness Publishings

Blk 17, Lot 9, Humel Heritage Homes, Longos, City of Malolos, Bulacan  
Dario V. Cabral - Proprietor • NON VAT Reg. TIN: 241-407-147-000

By:

D. Sosa / [Signature]

Authorized Representative

Printer's Accreditation No. 25AMP20140000000003  
Date Issued January 6, 2014

"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES"

THIS OFFICIAL RECEIPT SHALL BE VALID FOR FIVE (5) YEARS FROM THAT DATE OF ATP

- THIS IS YOUR OFFICIAL RECEIPT -

In settlement of the following:	
Invoice No.	AMOUNT

  

Form of Payment:	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check
Check No. _____	Bank _____

# SANTOS CLINIC (MALOLOS) INC.

Mc Arthur Highway, Guinhawa, Malolos, Bulacan  
Non-Vat Reg. Tin 000-581-680-000

P.T.R. \_\_\_\_\_  
Cert. No.: 11052

PMMC No.: C-2-132

## OFFICIAL RECEIPT

Nº **107590**  
Date **7-25-20**

Received from Palma - Nixon with TIN \_\_\_\_\_  
On account of \_\_\_\_\_  
with address at Consuelo Fe / Neg  
the sum of pesos \_\_\_\_\_  
In full/partial payment for \_\_\_\_\_ (PhP. 900.-)

### Hospital Charges:

- a. \_\_\_\_\_ days at P \_\_\_\_\_ P \_\_\_\_\_  
b. Operating Room \_\_\_\_\_ P \_\_\_\_\_  
c. Special Charges: \_\_\_\_\_ P \_\_\_\_\_  
    X-Ray \_\_\_\_\_ P \_\_\_\_\_  
    Laboratory \_\_\_\_\_  
    Anesthesia \_\_\_\_\_  
    Medical/Surgical Supplies \_\_\_\_\_  
    Others: \_\_\_\_\_

### Medical Charges:

- a. Surgeon's Fee \_\_\_\_\_ P 500.-  
b. \_\_\_\_\_ days visit at \_\_\_\_\_  
c. \_\_\_\_\_ days visit at \_\_\_\_\_

### Drugs/Medicines:

\_\_\_\_\_ P \_\_\_\_\_  
\_\_\_\_\_ Celecox \_\_\_\_\_  
\_\_\_\_\_ 400.-  
\_\_\_\_\_ P \_\_\_\_\_

**TOTAL**

P 900.-

Sr. Citizen TIN	OSCA/PWD ID No.	Signature
-----------------	-----------------	-----------

By: D. Sosa Jr / [Signature]  
Authorized Representative

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MERCURY DRUG - BUL MAL CTY PGOLD MCHWY  
Unit CU 7-9 Puregold Malolos KM 42  
McArthur Hway Bulihan Malolos City Bul  
VAT REG TIN:000-388-474-00550  
TEL NO : (044)7962-196

TOSHIBA 4900 41-CF803 R002 00386  
MIN:17011910221403548 [1.5.30] 19

PA # 8 JOVIT

ALEGYSAL OPTH5mL 394.00T  
480650236160

TOTAL 394.00

AMOUNT TENDERED

CASH 1000.00

TOTAL PAYMENT 1000.00

CHANGE 606.00

\*\* 1 item(s) \*\*

ORDER #00649

SOLD TO : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

TIN : \_\_\_\_\_

BUSINES STYLE : \_\_\_\_\_

VATable	(T)	351.79
VAT-Exempt Sale	(X)	0.00
VAT Zero-Rated Sale(Z)		0.00
VAT - 12%		42.21
Amount Due		394.00

Received Merchandise in Good Condition  
Sa Mercury Drug Nakasisiguro Gamot  
ay Laging Bago!!  
Maraming Salamat Po...

Phillogix Systems, Inc.  
433 Lt. Artiaga St. Brgy Corazon de  
Jesus, San Juan, Metro Manila  
VAT REG TIN : 205-713-621-00000  
Accred No.: 042-205713621-000336-18404  
Validity Date: 06/11/2008 - 07/31/2025  
PTU No.:FP012017-116-0112440-00550

THIS INVOICE/RECEIPT SHALL BE VALID  
FOR FIVE (5) YEARS FROM THE DATE OF  
THE PERMIT TO USE

TXN#553625 08-02-20 06:08P VANGIE  
OR#103862513727

- THIS IS YOUR OFFICIAL RECEIPT -