

Panamed

EMPLOYEE'S BENEFIT REIMBURSEMENT FORM

EMP NO	EMPLOYEE'S NAME Joie B. Ong	DATE 12.15.20
POSITION/DESIGNATION Team leader	DIVISION / DEPARTMENT Smd	NATURE OF BENEFIT <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL <input type="checkbox"/> MEDICINE
PARTICULAR/DESCRIPTION Dental reimbursement		AMOUNT 3500.00
CHECKED BY	APPROVED BY	TOTAL AMOUNT 3500.00

PCR-12 - REV 07-08-97

IN SETTLEMENT OF THE FOLLOWING	
INVOICE NO.	AMOUNT
Total Sales	
Less: SC/PWD Discount	
Total Due	
Less: Withholding Tax	
Total Payment	
Change	
FORM OF PAYMENT	
Cash: <input type="checkbox"/> Check: <input type="checkbox"/> Check No:	

2007/05 (2X) 601-1200
SR & Supply to Print No. 2AU0002221840
Date Issued: 04-12-19; Valid until 04-12-24
JACK & PRINTING PRESS
IN-180-658-158-000

SHEILA MARIE C. ONG - DENTIST

NO. 2 SK Pendatun Avenue, Cotabato City
SHEILA MARIE C. ONG - Prop. REG. TIN: 249-077-986-000

OFFICIAL RECEIPT

Date **DEC. 12, 2020**RECEIVED from **PANAMED PHLS.** TIN

address business style

the sum of pesos **TWO THOUSAND SIX HUNDRED**
(P **2,600.00**)In partial/full payment of **RESTORATION**Sr. Citizen TIN : ISSUED BY:
OSCA/PWD ID No. :
Signature :

0715
Printer's Accreditation No.: 108MP20130000000001 • Date of Accreditation: 12/23/2013
"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES."
THIS OFFICIAL RECEIPT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP

IN SETTLEMENT OF THE FOLLOWING	
INVOICE NO.	AMOUNT
Total Sales	
Less: SC/PWD Discount	
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SHEILA MARIE C. ONG - Prop. REG. TIN: 249-077-986-000

OFFICIAL RECEIPT

Date **DEC 12, 2020**RECEIVED from **PANA MED PHLS** TIN

address business style

the sum of pesos **NINE HUNDRED**
(P **900.00**)In partial/full payment of **ORAL PROPHYLAXIS**Sr. Citizen TIN : ISSUED BY:
OSCA/PWD ID No. :
Signature :

0716
Printer's Accreditation No.: 108MP20130000000001 • Date of Accreditation: 12/23/2013
"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES."
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