Panamed

EMPLOYEE'S BENEFIT REIMBURSEMENT FORM

| EMP. NO: EMPLOYEE'S NAME | | DATE: |
|--------------------------|------------------------|-------------------------------|
| Crisada | labox | 7-28-20 |
| POSITION/DESIGNATION: DI | VISION / DEPARTMENT: | NATURE OF BENEFIT: |
| Inventory analyst | legistics - A co | ☐ DENTAL ☐ OPTICAL Z MEDICINE |
| PARTICULAR | N/DESCRIPTION | AMOUNT |
| | | |
| | | |
| MEDICINE | | 2,148.25 |
| | | |
| | | |
| CHECKED BY: | APPROVED BY: | |
| | ALL HOVED BY. | TOTAL AMOUNT |
| | | 2, 148 25 |
| | on 100541130748 - 23 | PER-12 - REV: 07.08,97 |
| OIC 20 | | 70.0 D |
| | OK 1034627 40 134 - 30 | 16-N |
| | OR 1003570589 60 - 6 | 0.11 |
| | on 103662722412 - 4 | 185.25 (684.x). |

Ox 1036, 2720129 - 12010

OK 10366272010 - 102.00

ON to 3161420til - 132 50

51 126441

SI 127650 - 97.50

- 92.50

2271.25