Panamed	Ø	7	P	<i>-</i>	911		d
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## EMPLOYEE'S BENEFIT REIMBURSEMENT FORM

POSITION EMPLOYEES NAME POSITION POSITION PS	CINSSON/DEPARTMENT:	SMD /	DATE: 12 15 12  HATHRE OF BENEFIT:  O'DENTAL GOPTION DIMEDICHE
PAR	TICULAR/DESCRIPTION		AMOUNT
Invoice	No. 52	<b>7</b> 9	9,350
СНЕСКЕВ АУ	APPROVEO BY	·	TOTAL AMOUNT
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IN PAYMENT OF							
PROCEDURE	AMOUN						
MRI Brain	9,350						
Dre + duchor	1,870						
TOTAL	P						
Check No.	Р						
Check Amount	Р						
Cash	Р						
Total Sales(VAT Inclusive)							
Less: VAT							
Total							
Less: SC/PWD Dicount	1,870						
Total Due							
Less: Witholding Tax							
Amount Due		w.					
VATable Sales							
VAT-Exempt Sales							
VAT Zero Rated Sales							
VAT Amount	2, 2						
Total Sales	9350						

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HIGH INTEGRATE	ന	RPOR	ATION

G/F Bicol Access Health Centrum, CBD 2, Triangulo, Naga City Fax No.: (+632) 8631-7611 VAT Reg. TIN: 000-288-078-011

/ Jaso

## OFFICIAL RECEIPT No. 5208

Check No.	Р			<u> </u>		d d	حدا ما م
Check Amount	Р		¥ Š		مون پ		07 31 20
Cash	Р	1	Received from	om Acn	edo, (	amille	TIN ,
Total Sales(VAT Inclusive)	***************************************		Address	Polana	u Alba	14 Bus	iness Style
Less: VAT			Address		Llowson	J. Le	niess style
Total			the sum of	Nive	i NO 029/c		re nunaro
Less: SC/PWD Dicount	1,870		ŧà.	214		p	esos (P 9,350
Total Due				}		.,.,	0000 (1
Less: Witholding Tax	·		Check	<u> </u>	******		
Amount Due		Taren de la composition della	Cash	9,350			
VATable Sales				2 9 300			
VAT-Exempt Sales	-		Total				
VAT Zero Rated Sales			Sr. Citizen Titl		-		HIMEX CORPORATION
VAT Amount	4,4		OSCA/PWD ID No	Signature			
Total Sales	9.320	,	OCASINOS			Ву:	519
50 8kts. (50/4) 5091-7509 BR Autority To Print: OCHIAUSONTE Data Issued. 92-75-7020; Verd Unit 02 PARDINEZ PRINTING 1-A Oc	26-2025 182.283189374.588	Tin: 211-083-495-000	NOTE: This of invalid unless company's aut	s signed by	tho		AUTHORIZED SIGNATURE Printer Accreditation No. 048HP201800000000 condicionation Date: 10-15-18; Explay Date: 10-15- 2; ID FOR FIVE (5) YEARS FROM DATE OF AT