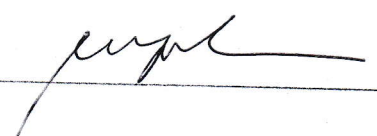


# Panamed

## EMPLOYEE'S BENEFIT REIMBURSEMENT FORM

EMP. NO: <b>637</b>	EMPLOYEE'S NAME <b>Mariel C. Cavit</b>	DATE: <b>9/9/2020</b>
POSITION/DESIGNATION: <b>HRC</b>	DIVISION / DEPARTMENT: <b>SMD</b>	NATURE OF BENEFIT: <input type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL <input checked="" type="checkbox"/> MEDICINE <b>medical</b>
PARTICULAR/DESCRIPTION <b>Snabb test</b>		AMOUNT <b>4,300.00</b>
CHECKED BY: 	APPROVED BY:	TOTAL AMOUNT

PER-12 - REV. 07.08.97



**St. Luke's**  
Medical Center  
Quezon City

279 E. Rodriguez Sr Ave.,  
Quezon City, Philippines  
VAT REG. TIN : 000-684-591-000

OFFICIAL RECEIPT NO.  
002534621  
202008MA

PIN : 2008162233 BED NO : TENT29

RECEIVED FROM & TIN : SAWIT, MARIENEL CARGANILLA

DATE / TIME : Aug-29-2020 1:07 PM

PATIENT NAME & TIN : SAWIT, MARIENEL CARGANILLA

ADDRESS : UNIT 302 2011 PADAVELA BLDG SAMAR ST., COR G. TUAZON SAMPALOC MANILA PHILIPPINES

AMOUNT IN WORDS : Four Thousand Three Hundred Pesos Only

Php 4,300.00

**ACCOUNT CODE**

190003 - EARNINGS - SPECIAL  
SERVICES - OUT-PATIENT

**PARTICULARS**

Full Payment of Hospital Bill.

BREAKDOWN			MODE OF PAYMENT	
TOTAL SALES	Php	4,300.00	CASH	Php 4,300.00
ZERO RATED SALES	Php	0.00		
VATABLE SALES	Php	0.00		
VAT EXEMPT SALES	Php	4,300.00		
VALUE ADDED TAX (VAT)	Php	0.00		
TOTAL AMOUNT DUE	Php	4,300.00		

BIR PERMIT # 0614-126-00317-CBA/AR

THIS OFFICIAL RECEIPT IS NOT VALID UNLESS SIGNED BY THE CASHIER.

CABATINGAN, NUNE TOLENTINO

CASHIER