

EMPLOYEE'S BENEFIT REIMBURSEMENT FORM

PARTICULAR/DESCRIPTION		AMOUNT
<p>Claimed P2,422.25 (oral prophylaxis) Med. Benefit 2,570</p> <p>←</p> <p>rem. to be reimbursed</p>		<p>P1,077.75</p>
CHECKED BY:	APPROVED BY:	TOTAL AMOUNT

In Settlement of The Following:	
INVOICE	AMOUNT
Total Sales	
Less: SC/PWD Discount	
Total Due	
Less: Withholding Tax	
Payment Due	

Form of Payment

Cash ☐ Check ☐

50 Rkts. (50x2) 2800

1013 Cadena De Amor St., Area A Libis Camarin, Caloocan City
Luis D. Estrella - Prop.
Non VAT Reg. TIN: 224-402-763-000

No 5326

RECEIVED from Jocelyn A. Lagumbayan Date 5/20/20
with TIN 270000000 and address at _____
_____ engaged in the
business style of _____, the sum of
One Thousand and two hundred pesos
(P 1200) In partial/full payment of oral promissory note
for #15-

Sr. Citizen TIN	
OSCA/PWD ID No.	Signature

By: _____
Cashier / Authorized Representative
Accreditation No.: 027MP20140000000013
Accreditation Date: Feb. 25, 2014

Accreditation No.: 027MP20140000000013
Accreditation Date: Feb. 25, 2014

"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES"
THIS OFFICIAL RECEIPT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP

50 Bkts. (50x2) 3501-6000
BIR ATP No. OCN4AU0001684307
Date Issued: 10-05-16 Valid Until 10-04-21
IAM PRINTING HOUSE
51 Calle Uno, Monumento Caloocan City
Minerva D. Sevilla - Prop.
Non VAT Reg. TIN: 198-167-524-000