

Panamed

EMPLOYEES BENEFIT REIMBURSEMENT FORM

EMP. NO: 1012	EMPLOYEE'S NAME RIVER L. FISHER	DATE 11/18/20
POSITION/DESIGNATION: ACCA MEND	DIVISION / DEPARTMENT: MARKETING	NATURE OF BENEFIT: <input type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL <input checked="" type="checkbox"/> MEDICINE
PARTICULAR DESCRIPTION WATSON'S DRUG - 51# 0000170810 - 10/20/20 - \$ 64.25 - 51# 0000198206 - 11/2/20 - \$ 51.95 - 51# 000068920 - 11/8/20 - \$ 90.00 TOTAL AMOUNT \$ 206.00		AMOUNT \$ 206.00 =
CHECKED BY:	APPROVED BY:	

WILSON

100-114

APR 1941

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