

Panamed**EMPLOYEE'S BENEFIT REIMBURSEMENT FORM**

EMP. NO: P022	EMPLOYEE'S NAME POUR C. ROSSET	DATE: 8/4/20
POSITION/DESIGNATION: AREA HEAD (NV)	DIVISION / DEPARTMENT: MARKETING	NATURE OF BENEFIT: <input type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL <input checked="" type="checkbox"/> MEDICINE
PARTICULAR/DESCRIPTION		AMOUNT
MEDICINE REIMBURSEMENT: WATSON DRUGS SIP 0000095915 - 6/16/20 - \$ 90.00 WATSON DRUGS SIP 0000333691 - 7/20/20 - \$ 90.00 //		\$ 180.00 =
CHECKED BY:	APPROVED BY:	TOTAL AMOUNT: \$ 180.00

PER-11

17

RECEIVED
8/4/20

watsons

WATSONS PERSONAL CARE STORES
(PHILIPPINES) INC.
CORP. VALERIA DELGADO STS.
DAMAO TIOLO CITY (CAPITAL)
TIOLO 408100801
VAT REG ID# 214-706-591-080
SERIAL #: 89EY306115
MIN : 140351448

COME FROMS

209210000948
STREPTABIS WIPON 60
5.00 P11.00 P95.00 V
209210000946
POTENCEE CANDY COATE
5.00 P5.00 P25.00 V

SUBTOTAL P90.00

AMOUNT TO PAY P90.00

CASH P100.00

CHANGE P10.00

Total number of items sold = 10

CUSTOMER: ROUEL G. ROSALES

CARD ID: 8820512036031851

TAX CODE AMOUNT VAT AMT

VAT SALE 80.36 9.64

VAT EXEMPT SALE 0.00 0.00

ZERO RATED SALE 0.00 0.00

TOTAL 80.36 9.64

CASHIER NAME: Apura

Sales Invoice No.: 0000333691

SI Retail Counter: 00000

CD112 TR6225 17:49:24 30 JUL 2020

500089 RIOS

"THIS SERVES AS YOUR SALES INVOICE"

BUYERS NAME:

ADDRESS:

TIN #:

BUS STYLE:

WATSONS PERSONAL CARE STORES

(PHILIPPINES) INC.

Unit 211 2/F The Podium ADB Avenue

Ortigas Rock-peak Greenfalls,

City of Mandaluyong

TIN #: 214-706-591-08000

ACCREDITED #: 116-214705591-000624-64637

DATE ISSUED: APRIL 17, 2013

VALID UNTIL: JULY 31, 2025

PERMIT #: 0414-116-184701-083

"This Invoice/Receipt shall be valid for Five (5) years from date of the Permit use"

For any concerns on our products and services, please ask our Store Manager. To replace/exchange merchandise present this receipt. Subject to standard provisions on consumer protection and product warranty. <http://www.watsons.com.ph>

COMPLY & SAVE with WATSONS PHARMACEUTICALS. Ask our PHARMACEUTICAL about it.

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