

Panamed

EMPLOYEES BENEFIT REIMBURSEMENT FORM

EMP. NO:	EMPLOYEES NAME	DATE:
607	KAROL ANNE VONN ON	11/14/20
POSITION/DESIGNATION:	DIVISION / DEPARTMENT:	NATURE OF BENEFIT:
EXECUTIVE ASSISTANT	HUMAN	<input type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL <input type="checkbox"/> MEDICINE
PARTICULAR/DESCRIPTION		AMOUNT
SI. \$9492 ELTRONIN TRB COMP SA		650.00
CHECKED BY:	APPROVED BY:	TOTAL AMOUNT
		650.00

Watsons

OPRTD BY: FAMILYHEALTH & BEAUTY CORP.
4 LIMAYWAY STREET I

SANTA ANA

TAGUIG CITY (1263387)

VAT REG TIN# 230-393-680-733

SERIAL #: 59358R2351

MIN : 1911109561467100

2092100020819
ELTROXIN TAB COMP SA P650.00 V
100 @ P6.50 -P117.00
COMPLY N SAVE ASPEN
4800310130529 P100.00 V
EVER BILENA COMPACT

SUBTOTAL P633.00

AMOUNT TO PAY P633.00
ATM/CHARG ONLINE P633.00

BD0DEBIT
536347*****5285
BATCH# 008205
INVOICE# 002173
RRN 031802001646
APPROVAL# APPROV

Total number of items sold = 101

YOU SAVED:
TOTAL DISCOUNTS P117.00

TAX CODE	AMOUNT	VAT AMT
VAT SALE	565.18	67.82
VAT EXEMPT SALE	0.00	0.00
ZERO RATED SALE	0.00	0.00
TOTAL	565.18	67.82

CASHIER NAME: Dittumpornan
Sales Invoice No.: 0000059492
SI Reset Counter: 00000
C0010 TR#2083 10:22:03 13NOV2020
S03387 R102

"THIS SERVES AS YOUR SALES INVOICE"