

# Panamed

## EMPLOYEE'S BENEFIT REIMBURSEMENT FORM

EMP. NO.	EMPLOYEE'S NAME <b>ALMA FELLINE L OAXHX</b>	DATE: <b>AUG 27, 2020</b>
POSITION/DESIGNATION: <b>TL</b>	DIVISION / DEPARTMENT: <b>SALES &amp; MARKETING</b>	NATURE OF BENEFIT: <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL <input type="checkbox"/> MEDICINE

PARTICULAR / DESCRIPTION	AMOUNT
<b>OR # 21267</b>	<b>₱ 800.00</b>
CHECKED BY:	APPROVED BY:
TOTAL AMOUNT <b><del>800.00</del> 265.10</b>	

PER-12 REV:07.08.97

**SETTLEMENT OF THE FOLLOWING:**

ARTICLES	AMOUNT
Sales (VAT inclusive)	
VAT 12%	
IC/PWD Discount	
Due:	
Withholding Tax	
Due	
Sales	
Print Sales	
Ed Sales	
unt	
es	

**FORM OF PAYMENT:**

Bank:
Check No.:
Date:

## GOODNEWS DENTAL OFFICE

Dahlia St. Ilaya Carmen, Cagayan de Oro City

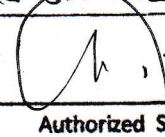
Henry G. Rosalejos - Proprietor

Vat Reg TIN: 180-740-673-000

**OFFICIAL RECEIPT****No 21267**Date **8-16, 2020**RECEIVED from **PANAMED PHILIPPINES INC**address **CAGAYAN DE ORO CITY**the sum of pesos **EIGHT HUNDRED PESOS ONLY**(P **800.00**)in partial/full payment of **DENTAL SERVICES**

TIN

Sr. Citizen TIN	Signature
IC/CA/PWD ID No.	

By:   
Authorized Signature

Printed by: **ABECTA PRINTING PRESS**  
Tiano-Yacapin St. CDO  
TIN 928-415/73-000 Non-Vat  
BIR Auth. to Print No. OCN 2AU0001718858  
Date Issued 3-15-17 Valid until 3-15-22  
100 Bts (5/2) 20001-25000

"Printer's Accreditation No. 098MP20130000000001  
Date issued 23-12-13"  
"THIS OFFICIAL RECEIPT SHALL BE VALID FOR FIVE  
(5) YEARS FROM THE DATE OF ATP"