

Panamed

EMPLOYEE'S BENEFIT REIMBURSEMENT FORM

LNU Amy M. Cabaluna H75 / 10000	12-10-20
PARTICULAR/DESCRIPTION	AMOUNT
Optical checkup (Omnibus Health Benefit)	3.500
APPROVED BY:	TOTAL AMOUNT 3.500

GRATUITO-CHOA KHAO UY

OPTICAL CLINIC
 DON ROMAN VILLO ST. COTABATO CITY
 TEL# 0911558816 (Cebu)
 8 0911558816 (Manila)

Name: Amy M. Cabaluna Age: 27
 Address: Dalesitan, Matalam North Cotabato

R OD +0.25 x 100
 OS +0.25 x 100
 ADD O.D.
 O.S.
 P.D. 60/100mm

FRAME: Benefactor
 LENSES: S.V.
 COLOR: HMC Anti-radiation
 REMARKS: One complete Rx
 PRICE 3,500
 DEPOSIT
 BALANCE: (PAID)

Dr. Milagros C. Uy Gratuito
 Optometrist
 LIC # 004087

GRATUITO-CHOA KHAO UY

OPTICAL CLINIC
 Don Roman Villo Street, Cotabato City
 Dr. Milagros C.K. Uy Gratuito - Optometrist
 TEN# 168-420-632-000 Non-VAT

OFFICIAL RECEIPT

Date: Dec. 9 2020
 RECEIVED from M. Amy M. Cabaluna
 the amount of Three thousand five hundred only = 3,500.00
 in payment for: One complete Rx

P 3,500.00

By: [Signature]
 Signature

12 lines: (291-501-600)
 BRT Authority to Print No. 245000100004
 Date issued: 06/07/2013 Valid until: 06/07/2018
 CITYWIDE PRINTER AND IMAGING COMPANY
 500 Guillermo Avenue, Cotabato City
 Tel: 0911 221 781,000 VAT

Printing Accreditation # PCKMAN 00294
 Date issued: March 06, 2013

THIS OFFICIAL RECEIPT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ACP