

# Paramed

## EMPLOYEE BENEFIT REIMBURSEMENT FORM

EMP. NO. <b>563</b>	EMPLOYEE'S NAME <b>PERNOLD</b>	DATE <b>12/7/20</b>
POSITION/DESIGNATION <b>SR. WH. ASST.</b>	DIVISION/DEPARTMENT <b>LOGISTICS</b>	NATURE OF BENEFIT <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> MEDICAL

PARTICULAR DESCRIPTION	AMOUNT
<p>OR #110331654742-1</p> <p>Diagnose &amp; Confirm</p>	<p>301.25</p>
CHECKED BY	APPROVED BY
TOTAL AMOUNT	

PHS-12 REV 07-03-97

MERCURY DRUG - QC ROOSEVELT SAN ANTONIO  
 345 Roosevelt Ave. Cor.  
 Esmeraldo Beltran St. Katipunan Q.C.  
 VAT REG TIN: 000-388-474-00678  
 TEL NO : (02) 8376-0145  
 IBM 4800 41-HKMMO R001 01033  
 MIN: 120291860 [1.5.30] 19R  
 PA # 3 LIZA  
 BIDGE SICTAB500mg 11.25T  
 480778807258 3 @ 3.75  
 CENTRUM ADV T-30 290.00T  
 480015330215

TOTAL  
 AMOUNT TENDERED  
 CASH  
 301.25  
 500.00

TOTAL PAYMENT  
 CHANGE  
 \*\* 4 item(s) \*\*  
 500.00  
 198.75

ORDER #00608 & 00607

SOLD TO :  
 ADDRESS :  
 TIN NO :  
 BUSINESS STYLE :

VATable (T) 268.97  
 VAT-Exempt Sale (X) 0.00  
 VAT Zero-Rated Sale(Z) 0.00  
 VAT - 12% 32.28  
 Amount Due 301.25