Panamed

EMPLOYEE'S BENEFIT REIMBURSEMENT FOR SW

MP. NO: EMPLOYEE'S NAME POUT	a Rosses		DATE: 8/4/20	
OSITION/DESIGNATION: ARTA HEAD (NV)	DIVISION / DEPARTMENT:	Markonik-	NATURE OF BENEFIT:	
	(AR/QESCRIPTION		AMOUNTALINE	
MADICINE REIMBURGEMENT: WATSON DRUG SIR DOODGEGUS WATSON DRUG GIR DOOD 39 3691	- 6/16/20 - \$ 90.00 - 1/20/20 - \$ 90.00		7 180.00	
СНЕСКЕЛ ВУ	APPROVED BY:		TOTAL AMOUNT	
			\$ 180.00	

REPLANTED BIHL

Series topic, a base of the series of the se mens. SN .

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ARTONOMY AS TO SAN AFRAGA DE SAN ESTRADO SERVICIONES

4000

District Charles

3000 BK V

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watsons

MAISONS PERCONAL CARE STORES
CONLITE THE SO INC.
COR. VALERIA DELCARDA SIS.
PARMO ILGULO CITY (CAPETAL)
TLOUGO (OBICORD)
VALERE ILM 214-768-591-083
SERIAL # 506 Y036115
MIN: 140351448

2092160909948 51PE151885 NIBRON 60 5 9 P11.00 2092150016946 POTENCIE CARDY CHAFE 5 9 P5 00 P05.00 N P55 10 V PJ5.00 Y

OBUIDIAL

DOM: (V) AMOUNT TO PAY CASH CHARAE P100.00 P10 00

Total number of tems sold = 10 customer: NUMEL Q.ROSALES CARL NO: 8680512036091851

WAI AMI IAX COSE VAT SALE VAT EXEMPT SALE ZERO RATED SALE IGTAL 9.64 0.00 0.00 9.64 80,36 6,00 0,00 0,00 60,36

"THIS SERVES AS YOUR SALES INVOICE"

WAISONS PERSONAL CARE STURES
(PHILIPPINES) INC.
Unit 21: 27 The Podics ADB Avenue
O'tigas Mask work Greenfulls.
City of Mandalussong
IN W: 214-765-591-00000
ACCREDIN W: 116-214705591-000024-64637
DATE ISSEED APRIL 17, 2013
VALID LETTL SRLY 31, 2025

PERMIT #: 0414-116-184701-083

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

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

***************************** COMPLY & SAVE With WATSONS GENERICS. Ask ONE PHANMACISI BOOML II
