

EMPLOYEE'S BENEFIT REIMBURSEMENT FORM

PER-12 • REV. 07.08.97

In settlement of the following:	
Invoice No.	Amount
Total Sales	3900
Less SC/PWD Discount	
Total Due	
Less Withholding Tax	468
Total Payment	3432

Form of Payment:

Cash ☐ Check ☐

r. Citizen TIN _____

XSCA/PWD No.	Signature
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By: _____
Cashier/Authorized Representative

No. 011331

0 Bkts (50x2) 10001-17500
 R Authority to Print No. 4400002459442
 Issued 11-17-20 Valid until 11-16-2025
 10578000411205274842423
 6-614-000 NON-VAT

VW MEDICAL CLINIC AND LABORATORY
 2/F Favis Bldg., Lakandula Street, Baguio City
 WILLIAM ANG OCCIDENTAL - Prop.
 NON-VAT Registration TIN: 168-050-628-003

OFFICIAL RECEIPT

Date 12-11-20

Received from PARAMED PHILS. INC.

with TIN _____ and address at _____

engaged in the business style of _____, the sum of _____

_____ pesos (P 3,900)

In partial/full payment for ANTIGEN TEST

Printer's Accreditation No. 008MP2019000000003 Date Issued 01-21-2019
"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES"
 THIS OFFICIAL RECEIPT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP