Online Claim Submission

Code: IMZ

Employer: InMobi, Inc

EmpID: 161846707

EmpName: Huang, Jiehuan

Submitted: February 11, 2023

Batch: 30292242

Claim Total: \$10.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/11/2023	RX	\$10.00	Provider: CVS. For whom: Grace Huang.

