

ACEBED OPTICAL

FREE EYE CHECK-UP

Ground floor, in front of  
JOYO Gaming HUB

RIGHT EYE:

LEFT EYE:

*OU: 0-75*

Clinics & Diagnostic Center, Inc.  
Entrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
273/266-3245  
pha.ph

SERVICE ORDER



|              |            |
|--------------|------------|
| Priority No. | 0012       |
| SO No.       | 458126     |
| S.O Date     | 04/01/2024 |
| Terms        | 30 Days    |
| Amount Due   | P800.00    |

SOLUTIONS  
5000, Cebu City (Capital), Cebu

PATIENT INFORMATION

PATIENT ID : 098393  
 PATIENT NAME : LAÑOJAN, JULIE MARIE, APURADO  
 PATIENT ADDRESS : Looc, Mandaue City, Cebu  
 MOBILE NO. : 0997 874 6778  
 EMAIL ADDRESS :  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY



GENDER : Female  
 BIRTHDATE : 07/28/2001  
 AGE : 22  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT

| CODE | PARTICULARS/PROCEDURE   | QTY  | UNIT PRICE | AMOUNT |
|------|---|------|------------|--------|
| P127 | IPLOY PEME<br>»PE, CHEST PA, CBC, UA, SE<br>DRUG TEST (NOTE: PLEASE COMPLY ALL<br>THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU<br>WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT<br>AVAILMENT.) | 1.00 | 800.00     | 800.00 |

| SUMMARY OF CHARGES |        |
|--------------------|--------|
| TOTAL SALES        | 800.00 |
| VARIABLE SALES     | 0.00   |
| V-A-T              | 0.00   |
| SC/PWD DISCOUNT    | 0.00   |
| AMOUNT DUE         | 800.00 |

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

*BLO 4/1/24*

Signature Over Printed Name

VERIFIED BY:  
**VALIDATED**  
BY: Signature Over Printed Name

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services.

\*\*\*\* THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM \*\*\*\*



Republic of the Philippines  
City of Mandaue

**BARANGAY LOOC**

OFFICE OF THE PUNONG BARANGAY



# BARANGAY CLEARANCE

This is to certify that Mr./Mrs./Ms. JULIE MARIE LAÑOJAN of legal age, married, Filipino, is a bonafide resident of Sitio BANTAYAN SA HARI, Barangay Looc, Mandaue City, Cebu, Philippines 6014.

This further certifies that Mr./Mrs./Ms. LAÑOJAN is known to be a person of good moral character and reputation and has neither a pending case nor a derogatory record filed in this barangay.

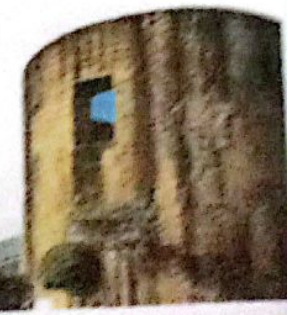
Issued at Barangay Looc, Mandaue City on the 1st day of APRIL 2024 upon the request of the interested party for whatever purpose it may serve him/her.



*Raul Kevin Cabahug V*  
RAUL KEVIN CABA HUG V  
Punong Barangay

*[Handwritten signature]*  
04/1/24

O.R. NO: 10416017  
AMOUNT PAID: 25.00  
ISSUED AT: Looc, Mandaue City  
ISSUED ON: APRIL 1, 2024





BIR Form No. 2316 September 2021(ENC5)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) 2 0 2 3

2 For the Period From (MM/DD) 0 9 0 1 4 To (MM/DD) 1 2 3 1

Part I - Employee Information: 3 TIN, 4 Employee's Name, 6 Registered Address, 6B Local Home Address, 7 Date of Birth, 8 Contact Number, 9-11 Statutory Minimum Wage rates and MWE exemption.

Part II - Employer Information (Present): 12 TIN, 13 Employer's Name, 14 Registered Address, 15 Type of Employer.

Part III - Employer Information (Previous): 16 TIN, 17 Employer's Name, 18 Registered Address.

Part IVA - Summary: 18-28 Summary of compensation income, taxes withheld, and tax credit.

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer: A. NON-TAXABLE/EXEMPT COMPENSATION INCOME (29-37), B. TAXABLE COMPENSATION INCOME REGULAR (39-51B), 52 Total Taxable Compensation Income.

I/we declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

63 PORTULA RONALDO PONFERRADA / Director TT - Tax Compliance Present Employer/Authorized Agent Signature over Printed Name

Date Signed 0 1 3 1 2 0 2 4

CONFORME: 54 LANOJAN, JULIE MARIE APURADO Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee Place of Issue

Date Issued

Amount paid, if CTC

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

56 Employee Signature over Printed Name

\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)