



**SANGGUNIANG BARANGAY
 OF PUSOK**

HON. RANULFO G. EMPERIO
 Punong Barangay

BARANGAY KAGAWAD

HON. HENRY D. BOOC

HON. CARLITO P. BOOC

HON. BONIFACIO C. GOMEZ JR.

HON. ALVIN P. BEREZO

HON. FELIZARDO M. ALDE SR.

HON. RODULFO T. PINO JR.

HON. VICTORIANO G. BOOC

**HON. ALEX PATRICIA Q.
 BAILOSIS**
 SK Chairman

JESSICA SAN MATEO TONGOL
 (Barangay Secretary)

MARY LIZ ATON SEVILLEJO
 (Barangay Treasurer)

NOT VALID WITHOUT SEAL

BARANGAY CLEARANCE



TO WHOM IT MAY CONCERN:

This is to certify that **KYLA MAREE MENDOZA PINO**, **19** years old, female, single, Filipino citizen and bona fide resident of Sitio Mustang, Barangay Pusok Lapu-Lapu City.

To Certify further, that he/she is known to be of good moral character and has no derogatory and/or criminal records filed in this barangay.

Issued this **26th** day of **APRIL 2024** at the office of the Punong Barangay of Pusok, Lapu-Lapu City, Cebu, Philippines, upon the request of the above-mentioned as part of the requirements for **EMPLOYMENT**.

Signature



Right Thumb
 Mark

Rest. Cert. No : 27099819
 Issued at : LAPU-LAPU CITY
 Issued on : April 26, 2024

HON. RANULFO "RANIE" G. EMPERIO
 Punong Barangay



Medgruppe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarealpha.ph



BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	
SO No.	4
S.O Date	04/29
Terms	30
Amount Due	P8

PATIENT INFORMATION

PATIENT ID : 099632
 PATIENT NAME : PINO, KYLA MAREE, MENDOZA
 PATIENT ADDRESS : Pusok, Lapu-Lapu City (Opon), Cebu
 MOBILE NO. : 09924632125
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 11/21/2004
 AGE : 19
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

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

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

PREPARED BY:
 Maurice C. Escario

ACKNOWLEDGED BY:
 [Signature]
 Signature Over Printed Name

VALIDATED
 BY: [Signature]
 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 ****