



BUREAU OF INTERNAL REVENUE
REVENUE DISTRICT NO. 081
CEBU CITY NORTH
CLIENT SUPPORT SECTION
TIN VERIFICATION SLIP

TIN: 356 276 529 0000

LAST NAME: MANGUBAT

FIRST NAME: SAMANTHA GEM

MIDDLE NAME: RAYPAN

DATE OF BIRTH: MARCH 29, 1997

RDO: 047 East Nakat

TAXPAYER
CLASSIFICATION: local employee

Jh 2/12/20
JEREMY B. MAKINANO

Revenue Officer

BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA

Please present BIRTH CERTIFICATE or ID or any
Document showing NAME and BIRTHDATE



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

SERVICE ORDER



Priority No.	0003
SO No.	462812
S.O Date	05/20/2024
Terms	30 Days
Amount Due	P800.00

BILL TO :

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

PATIENT INFORMATION

PATIENT ID : 100419
PATIENT NAME : MANGUBAT, SAMANTHA GEM, RAYPAN
PATIENT ADDRESS : Tayud, Liloan, Cebu
MOBILE NO. : 09971767698
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 03/29/1997
AGE : 27
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

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

BIOMETRICS DONE
DATE: MAY 20 2024

PREPARED BY: Floren A. Manigos	ACKNOWLEDGED BY: Signature Over Printed Name	VALIDATED BY: Signature Over Printed Name
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Page 1 of 1 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.

Date Created: 05/20/2024 07:17 AM

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

Com
Avenue
Cebu C

HQP-PFF-039
(Vst, 10/2017)



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121245170262
REGISTRATION TRACKING NUMBER	919067823435

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	MANGUBAT	SAMANTHA GEM		RAYPAN	<input type="checkbox"/>
FATHER	MANGUBAT	GENEROSO		GELIG	<input type="checkbox"/>
MOTNER (Mother Name)	RAYPAN	EMMA		EMBRADO	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MANGUBAT	SAMANTHA GEM		RAYPAN	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
03/29/1997	SINGLE				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
CEBU CITY, PHILIPPINES	FILIPINO		GSIS NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER		
			For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code		

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor		Building Name			HOME	
Lot No.	Block No.	Phase No.	House No.	Street Name	CELLPHONE	
					+63 (0995) 0835422	
Subdivision		Barangay			BUSINESS (DIRECT LINE)	
Municipality/City		Province/State/Country			BUSINESS (TRUNK LINE)	
LILOAN		CEBU, PHILIPPINES			E-MAIL ADDRESS	
ZIP Code						
6002						
PRESENT HOME ADDRESS						
Unit/Room No., Floor		Building Name		Lot no.	Block no.	Phase No.
House No.		Street Name		Subdivision		Barangay
LILOAN		CEBU, PHILIPPINES		TAYUD		
PREFERRED MAILING ADDRESS						
PERMANENT HOME ADDRESS						

ORIGINAL DOC SEEN

BY:

DATE: _____

Zip Code 6002

MAILING OFFICE

MANGUBAT, SAMANTHA GEM RAYPAN

SS Number: 06-4253218-5

Your password will expire on Nov 13, 2024 | Your last login was on Jan 12, 2023 1:15:08 PM thru the SSS Website

[HOME](#) [MEMBER INFO](#) [INQUIRY](#) [BENEFITS](#) [LOANS](#) [SERVICES](#) [PAYMENT REFERENCE NUMBER \(PRN\)](#) [LOGOUT](#)
Contributions

Note: Pursuant to Circular No. 2020-022 dated 24 November 2020, starting January 2021, SS contribution includes Workers' Investment and Savings Program or WISP (SSS Provident Fund) contribution.

[MONTHLY CONTRIBUTIONS](#)
[SCVM CONTRIBUTIONS](#)
[FLEX-FUND](#)
[WISP](#)
[WISP PLUS](#)
MONTHLY CONTRIBUTIONS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	2470.00	1690.00	2470.00	3250.00	2210.00	1560.00	850.00	0.00	0.00	0.00	0.00	3250.00
2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2990.00	2925.00	1985.00
2020	0.00	0.00	2280.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2019	0.00	0.00	385.00	2160.00	1180.00	0.00	0.00	0.00	0.00	1440.00	1440.00	1440.00

SUMMARY

(A) Total Number of Contributions Displayed	18
(B) Total Number of Contributions not Displayed	0
Total Number of Contributions Posted (A) + (B)	18
Total Amount of Contributions	35,635.00