



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0336IW202308293259 Date/Time Generated: 30 August 2023 12:16:00 AM

SS NUMBER 06-4658470-2					
NAME					
(LAST NAME) CAÑON	(FIRST NAME) CHERAMIE	(MIDDLE NAME) VICTORIANO	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 10202000	PLACE OF BIRTH (CITY/MUNICIPALITY) MANDAUE CITY	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) CAÑON	(FIRST NAME) GERONIMO	(MIDDLE NAME) CAPULLA	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) VICTORIANO	(FIRST NAME) MERLINDA	(MIDDLE NAME) TOLBO	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) C.P. BATILLER		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) UMAPAD	(CITY/MUNICIPALITY) MANDAUE CITY	(PROVINCE) CEBU	POSTAL CODE 6014	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 149	WEIGHT (IN KILOGRAMS) 46	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0936) 998-8706	EMAIL ADDRESS canoncheramie@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; sharing of these data with SSS service providers to carry out the purposes stated above; and disposal of this application in the manner consistent with the Data Privacy Act. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					

INSTRUCTIONS

- Fill out this form in one (1) copy.
- Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
- Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.
To convert: 1 ft = 30.48 cm 1 in = 2.54 cm 1 lb = 0.4536 kg
- Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
- Always indicate the following **mandatory** information:
 - Country of place of birth, if born outside the Philippines
 - Mobile number, if applied locally*
 - Email address, if applied abroad*
 * if card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
- For all types of card replacement**, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
- For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
- Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

DOCUMENTARY REQUIREMENTS GUIDE	
<p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. Primary ID card/document [any one (1) of the following]:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Unified Multi-Purpose ID Card <input type="checkbox"/> 2. Social Security Card <input type="checkbox"/> 3. Alien Certificate of Registration <input type="checkbox"/> 4. Driver's License <input type="checkbox"/> 5. Firearm Registration <input type="checkbox"/> 6. License to Own and Possess Firearms <input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance <input type="checkbox"/> 8. Passport <input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence <input type="checkbox"/> 10. Postal Identity Card <input type="checkbox"/> 11. Seafarer's Identification & Record Book (Seaman's Book) <input type="checkbox"/> 12. Voter's ID Card <p>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</p> <p><input type="checkbox"/> _____</p> <p>_____</p>	<p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant <input type="checkbox"/> Proof of payment <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Loss <input type="checkbox"/> Proof of payment <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card <input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card <input type="checkbox"/> Proof of payment <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of payment

- Observe proper attire when applying for a UMID card.

DOs	DONTs
<ul style="list-style-type: none"> • Collared shirt/blouse is encouraged • Face and neck should be free from bandage or accessories 	<ul style="list-style-type: none"> • Wearing of the following: <ul style="list-style-type: none"> a. For Male - undershirt/"sando" and/or earrings b. For Female - dangling or overstated earrings c. Eyeglasses and/or colored contact lenses d. Metal piercing in any part of the face e. Head gear f. Sunglasses

REMINDERS

- Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
- For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
- UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
- To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss_id@sss.gov.ph.
- Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
- Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **12-026088820-5** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR -
 Sub-Category : EMPLOYED PRIVATE NHTS Coverage : N/A
 Validity Period : N/A - N/A

CAÑON, CHERAMIE VICTORIANO

UMAPAD, MANDAUE CITY CEBU

Foreign Address : N/A Sex : FEMALE
 Date of Birth : 10/20/2000
 Place of Birth : MANDAUE CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : +639369988706 Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : 201722302537
 Name of Employer/Organized Group : CHONG HUA HOSPITAL
 Business Address : FUENTE OSMEÑA, CAPITOL SITE (POB.), CEBU CITY CEBU
 Telephone Number : 2541461 Employment Status : EMPLOYED
 Tax Identification Number : 000665951000 Date : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NOTHING FOLLOWS ***

MARJORIE A. CABRIETO
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyong, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

May 15, 2024 11:47 AM



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO.
121327239812
REGISTRATION TRACKING NO.
923242007160

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY Please specify

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	CAÑON	CHERAMIE		VICTORIANO	<input type="checkbox"/>
FATHER	CAÑON	GERONIMO		CAPULLA	<input type="checkbox"/>
MOTHER (Maiden Name)	VICTORIANO	MERLINDA		TOLBO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CAÑON	CHERAMIE		VICTORIANO	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
10/20/2000	Single/Unmarried		507225699		
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
MANDAUE CITY, CEBU	FILIPINO		0646584702		
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	149.00	46.00			
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	Cell Phone		
		C BATILLER	+63 (0938) 9688706		
Subdivision	Barangay		Business (Direct Line)		
MANDAUE CITY	UMAPAD		Business (Trunk Line)		
Municipality/City	Province/State/Country		Email Address		
MANDAUE CITY	CEBU, PHILIPPINES		canoncheramie@gmail.com		
ZIP Code					
6014					
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.			
House No.	Street Name	Subdivision	Barangay		
	C BATILLER	UMAPAD			
Municipality/City	Province/State/Country		ZIP Code		
MANDAUE CITY	CEBU, PHILIPPINES		6014		
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS				

TCD20190032631Z



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE



TIN:
507-225-699-00000

Name:
CAÑON, CHERAMIE VICTORIANO

Address:
**PUROK TAMBIS, UMAPAD, MANDAUE CITY,
CEBU 6014 PHILIPPINES**

Birth Date: 20-Oct-2000 **TIN Issuance Date:** 05-Oct-2021



Cherica
SIGNATURE

CN: 044-2002557

www.bir.gov.ph contact_us@bir.gov.ph 951-7000

- This card bears your permanent Taxpayer Identification Number (TIN).
- Always indicate your TIN on all returns/documents filed with the BIR.
- Issuance of TIN Card for the first time shall be free of charge. However, in case of subsequent issuance upon taxpayer's request due to loss or damage, a P100.00 fee shall be collected to cover cost of reprinting.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and/or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment.

BIR Form No. 1931 January 2019 (ENC5)



Republic of the Philippines
 City of Mandaue
BARANGAY UMAPAD
 Tel No.232-3274



OFFICE OF THE PUNONG BARANGAY

BARANGAY CLEARANCE

This is to certify that the person whose name, picture and signature appear hereon has requested a CLEARANCE from this office.

NAME : CHERAMIE VICTORIANO CAÑON
 ADDRESS: PUROK TAMBIS, UMAPAD, MANDAUE CITY
 CIVIL STATUS: SINGLE
 PURPOSE: EMPLOYMENT

GENDER: FEMALE
 DATE OF BIRTH: 10/20/2000
 PLACE OF BIRTH: MANDAUE CITY



LEFT
THUMBMARK



RIGHT
THUMBMARK

Cheremie

SIGNATURE

Issued this 14th day of May, 2024 at the office of the Punong Barangay, Umapad, of Mandaue City, Cebu, Philippines.

[Signature]
REB V. CORTES
 Punong Barangay

OR NO:10426063
 Amount Paid:50.00
 Doc Stamp: 30.00

Not valid
 Without seal

CTC NO:
 Issued On:
 Issued At:

NOTE: Not valid without official seal. This Barangay Clearance is Valid for six (6) months from date of issue.

(Copy for OCRG)



Ministry Form No. 102
(Revised January 1995)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 15a.)

Province CEBU Registry No. 2000-4456
City/Municipality MANDAUE CITY

1. NAME (First) (Middle) (Last)
CHERANIE VICTORIANO CANON

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (Day) (month) (year)
20 October 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Idong Ext. Alang-Alang Mandaue City Cebu

5a. TYPE OF BIRTH 1 Single 2 Twin
3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second
3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery)
4th (first, second, third, etc.)

d. WEIGHT AT BIRTH 2812 grams

6. MOTHER'S NAME (First) (Middle) (Last)
Merlinda Tolbo Victoriano

7. CITIZENSHIP Fil. 8. RELIGION R. Cath.

9a. Total number of children born alive: 4 b. No. of children still living including this birth: 4 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 37 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Alang-Alang Mandaue City Cebu

13. NAME (First) (Middle) (Last)
Geronimo Caspulla Cañon

14. CITIZENSHIP Fil. 15. RELIGION R. Cath.

16. OCCUPATION Factory worker 17. Age at the time of this birth: 34 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
February 14, 1997- Christ The King Parish Alang-Alang Mandaue City

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5 AM o'clock am/pm on the date stated above.

Signature Rosenda Ruiz Address Alang-Alang Mandaue City
Name in Print Rosenda Ruiz
Title or Position Hilot Date Oct. 20, 2000

20. INFORMANT
Signature Merlinda V. Canon Address Alang-Alang Mandaue City
Name in Print Merlinda V. Canon
Relationship to the child Mother Date Oct. 20, 2000

21. PREPARED BY
Signature Telesforo E. Rossi
Name in Print Telesforo E. Rossi
Title or Position Registrar/Midwife
Date Oct. 20, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Aviana S. B...
Name in Print AVIANA S. B...
Title or Position CITY CIVIL REGISTRAR
Date OCT 24 2000

INDICES USE ONLY:
Population Reference No. 2000

FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





Republic of the Philippines

Cebu Normal University

Osmeña Boulevard, 6000 Cebu City, Philippines

University Charter: Republic Act No. 8688

Accredited State University: Accrediting Agency of Chartered Colleges & Universities
of the Philippines, Inc. (AACCUP)

Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATION STATEMENT MAY COME

Be it known that

CHERAMIE V. CAÑON

STUDENT IDENTIFICATION NUMBER: 19-001380

*having satisfactorily completed the prescribed Four-year full-time Program of Instruction using English as medium,
upon recommendation of the Academic Council of Cebu Normal University, duly confirmed by the Board of Regents,*

and by Authority of the Republic of the Philippines,

is hereby granted the

DEGREE of

BACHELOR OF SCIENCE IN BIOLOGY

WITH FIELD OF SPECIALIZATION IN ZOOLOGY

CUM LAUDE

with all the Rights, Honors, and Privileges thereunto appertaining.

In testimony whereof the Seal of the Cebu Normal University

and the Signatures of the President, the Dean, and the Registrar are hereunto affixed.

Given in Cebu City, Philippines this 7th day of June in the year of our Lord two thousand and twenty three.

JASON P. SABEQUIL, LPT
University Registrar

MILAGROS M. GREIF, Ph.D.
College Dean

FILOMENA T. DAYAGBIL, Ed.D., CESE
OIC, Office of the University President

DATE OF ISSUE: JULY 03, 2023

SDF-URO-105-013-00



CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that **MS. CHERAMIE V. CAÑON** was employed with **Chong Hua Hospital Mandaue**, a 350-Bed Capacity General Hospital. She was hired on **September 14, 2023** until her separation on **February 16, 2024** as **Ancillary Service Technician**.

The above-mentioned employee terminated her employment in violation of the (2)-year contract she signed with the Hospital based on the hospital policy.

This certification is hereby issued upon the request of **MS. Cañon** for whatever purpose it may serve.

Issued this **13th day of May 2024** at Mandaue City, Philippines

CARMELITA B. ESCASINAS
Senior HR Manager
Chong Hua Hospital

C. Batiller Street, Purok Tambis, Umapad, Mandaue City





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

SERVICE ORDER



BILL TO :

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

Priority No.	0066
SO No.	462993
S.O Date	05/21/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID :	100512	GENDER :	Female
PATIENT NAME :	CAÑON, CHERAMIE, VICTORIANO	BIRTHDATE :	10/20/2000
PATIENT ADDRESS :	Umapad, Mandaue City, Cebu	AGE :	23
MOBILE NO. :	09369988706	CIVIL STATUS :	Single
EMAIL ADDRESS :		SC/PWD ID :	
REQUESTING PHYSICIAN :		HMO CARD NO. :	
COMPANY/REFERRED BY :	IPLOY STAFFING SOLUTIONS	PATIENT STATUS :	FOR EMPLOYMENT
RESULT DELIVERY :	DELIVERY		

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME 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.)	1.00	800.00	800.00	TOTAL SALES : 800.00 VATABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

PREPARED BY: Floren A. Manigos	ACKNOWLEDGED BY: <i>[Signature]</i> Signature Over Printed Name	VALIDATED BY: <i>[Signature]</i> Signature Over Printed Name
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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 fees and agree to the changes associated with the products and services.

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