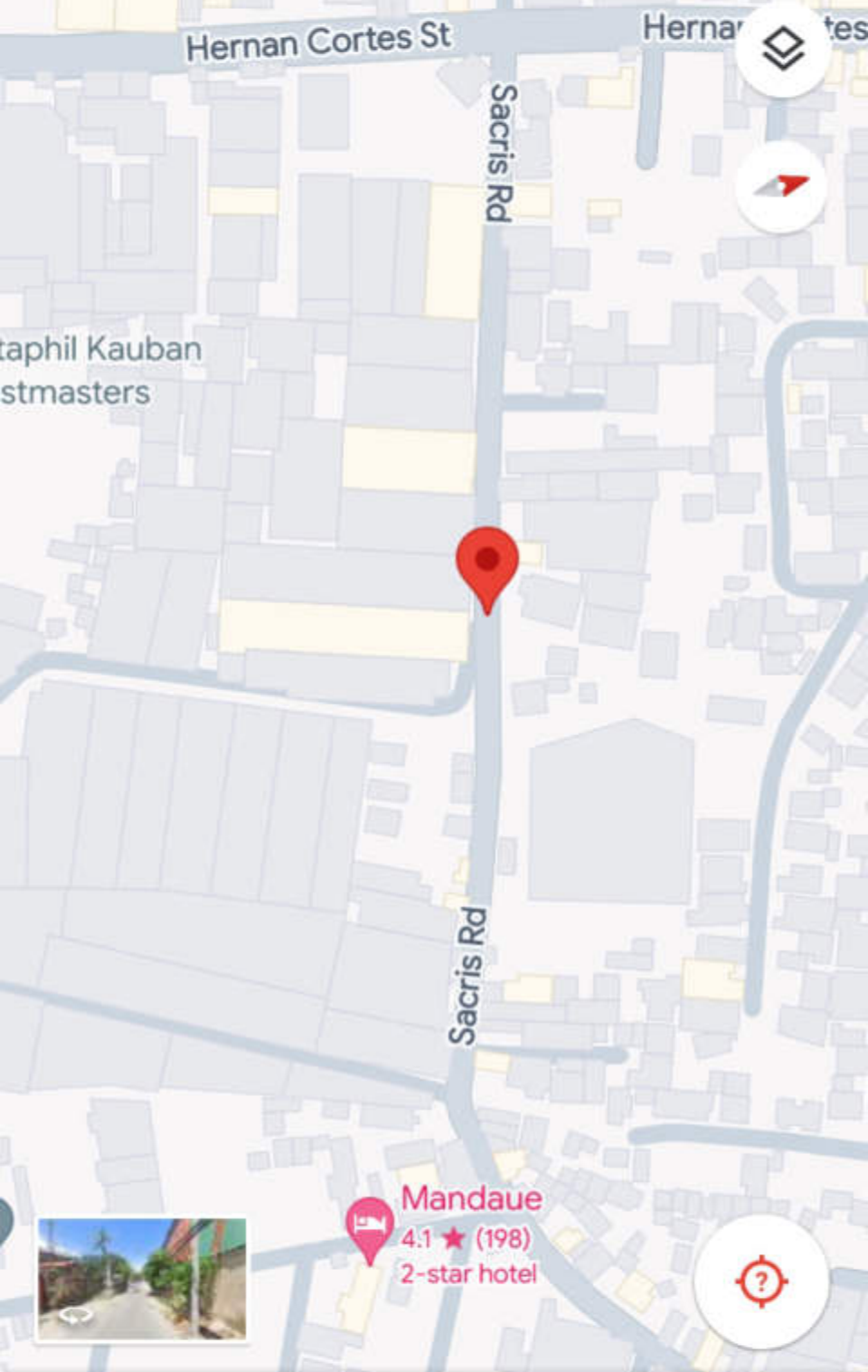


← Sacris Rd, Mandaue City, Ce... X



Sacris Rd



Directions

Save

Share

SERVICE ORDER



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

Priority No.	0027
SO No.	470160
S.O Date	08/05/2024
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 : 103813
PATIENT NAME : RAMOS, JHAZMINE MARIE, BACALTOS
PATIENT ADDRESS : Tabunoc, City Of Talisay, Cebu
MOBILE NO. : 0906 323 0920
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 03/06/2001
AGE : 23
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME	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

PE, CHEST X, CBO, 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.)

BIOMETRICS DONE
DATE: 08/05/24

PREPARED BY: Juvelyn N. Ursal	ACKNOWLEDGED BY: Signature Over Printed Name	VERIFIED BY: VALIDATED 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.

Date Created: 08/05/2024 09:48 AM

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



Promecare Polyclinic & Diagnostic Center, Inc.
 2nd Level, NPM Central, A Subic Bay Blvd, Subic Bay, Cebu City
 Tel # (032) 232-2273/266-3245
 www.promecarealpha.ph

SERVICE ORDER



BILL TO :

[000180] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

WITHIN 7/15/24
 DATE SCHEDULED 7/15/24
 OTHERWISE YOU WILL HAVE TO PAY P

Priority No.	9956
SO No.	488818
S.O Date	07/22/2024
Terms	30 Days
Amount Due	₱800.00

PATIENT INFORMATION

PATIENT ID : 103236
 PATIENT NAME : MEJARES, IVY
 PATIENT ADDRESS : Banilad, Mandaua City, Cebu
 MOBILE NO. : 09056424659
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 08/11/2003
 AGE : 20
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PENE	800.00	800.00	TOTAL SALES 800.00
	+PE CHEST			VARIABLE SALES 0.00
	DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)			V-A-T 0.00
				SC/PWD DISCOUNT 0.00
				AMOUNT DUE 800.00

PREPARED BY

Floren A. Manligos

ACKNOWLEDGED BY:

Signature Over Product Issue

VERIFIED BY:

VALIDATED

BY: Date Created: 07/22/2024 11:29 AM



REPUBLIC OF THE PHILIPPINES
 PROVINCE OF CEBU
 MUNICIPALITY OF CORDOVA
BARANGAY PILIOPOG
 OFFICE OF PUNONG BARANGAY
 TEL. NO.: 032.261.77.15



BARANGAY CLEARANCE

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

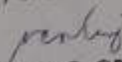
NAME: IVY MEJARES GENDER: FEMALE
 ADDRESS: TUGBUNGAN, PILIOPOG, CORDOVA, CEBU DATE OF BIRTH: 8/11/2003
 CIVIL STATUS: SINGLE PLACE OF BIRTH: CEBU CITY
 PURPOSE: FOR EMPLOYMENT PURPOSES




 SIGNATURE

This is to certify further that he/she is known to me of good moral character and is a law abiding citizen. He/she has neither pending case nor derogatory record in our office.

Issued this 26th day of JULY, 2024, at the Office of the Punong Barangay, Barangay Piliopog, Municipality of Cordova, Cebu, Philippines.


AMELITA C. ORTIZ
 Punong Barangay

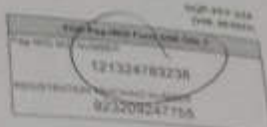
O.R. NO.: 5485783
 AMOUNT PAID: 100.00
 DOC STAMP: 30.00

not valid
 without seal

NOTE: NOT VALID WITHOUT OFFICIAL SEAL. THIS BARANGAY CLEARANCE IS VALID ONLY 03 MONTHS FROM THE DATE OF THE ISSUE.



MEMBER'S DATA FORM (MDF)



OCCUPATIONAL STATUS: UNEMPLOYED/NOT EMPLOYED

MEMBERSHIP CATEGORY:

PERSONAL DETAILS					
TYPE	LAST NAME	FIRST NAME	MI/INITIALS	MIDDLE NAME	NO. OF CHILDREN
MEMBER	DE JESUS	JOY			<input type="checkbox"/>
OTHER	DE JESUS	ROSEL		WILMORIN	<input type="checkbox"/>
OTHER (Spouse/Parent)	DE JESUS	JOY PA		WILMORIN	<input type="checkbox"/>
POUSE (if married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DE JESUS	JOY			<input checked="" type="checkbox"/>

DATE OF BIRTH: 08/11/2000

MARITAL STATUS: Single/Unmarried

CITIZENSHIP: FILIPINO

ISSUE OF BIRTH: CEBU CITY, CEBU

EMPLOYEE NUMBER: 00000000

EMPLOYEE NUMBER (For Seaside Employees):

EMPLOYEE NUMBER (For All Other Employees):

EMPLOYEE NUMBER (For Seaside Employees):

EMPLOYEE NUMBER (For All Other Employees):

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS:

Country + Area Code + Telephone Number: +63 (0)2 8424878

Home: 0917 888 8888

Cell Phone: 0917 888 8888

Business (Direct Line): 0917 888 8888

Business (Toll Free): 0917 888 8888

Email Address: myname@33@gmail.com

PRESENT HOME ADDRESS:

Country + Area Code + Telephone Number: +63 (0)2 8424878

Home: 0917 888 8888

Cell Phone: 0917 888 8888

Business (Direct Line): 0917 888 8888

Business (Toll Free): 0917 888 8888

Email Address: myname@33@gmail.com

TEMPERARY HOME ADDRESS: CEBU CITY, CEBU

PERMANENT HOME ADDRESS: CEBU CITY, CEBU

THIS FORM MAY BE REPRODUCED, NOT FOR SALE

ADME
ORIGINAL DOC SEE
BY: *[Signature]*
DATE: *[Date]*

ES
In a BPO
h the



UNIVERSITY OF CEBU
Lapulapu and Mandaue
STUDENTS' ACCOUNTING SECTION



ASSESSMENT SLIP

1ST SEMESTER SY 2005-2006

YEAR 1

24255463	REMARKS	TYPE	AMOUNT	DATE	STATEMENT OF ACCOUNT	AMOUNT
SUBJECT					OLD ACCOUNTS	16.00
ENGL 100			3.00		EXCESS PAYMENT	500.00
MATH 101			3.00		FEE :	
WHS 102			3.00		LETTER	17,400.00
MATH 100			3.00		REGISTRATION	470.00
NSIP 101			2.00		PIECE OF MEAT	4,521.00
PE 101			3.00		LABORATORY	0.00
NSIC 102			3.00		NSIP/NSIC/NSIS	1,520.00
IM 101C			21.00		ADJUSTMENT	0.00
					TOTAL DUE	24,951.00
					LESS : PAYMENT	0.00
					LESS : DISCOUNT	0.00
					LESS : ADJUSTMENT	0.00
					BALANCE	24,951.00
					ONE FOR PRELIM	3,500.00

THIS SERVES AS YOUR PRELIM EXAMINATION RESULT
IF VALIDATED
DATE PRINTED: 03/08/2023

UCM/SFR-SWC-09-01

Payments can also be made at any of the following authorized collecting banks: ASPAC Bank, Metrobank and Bank of Commerce