



PAASCU ACCREDITED



AUTONOMOUS STATUS

University of San Jose-Recoletos

Cebu City, Philippines

To all persons to whom these presents shall come

Greetings

Be it known that

John C. Mendoza

having satisfactorily completed the requirements as prescribed by the Commission on Higher Education upon the recommendation of the Dean and Faculty, and the approval of the University President by virtue of the authority vested in him by the Board of Trustees, has this day been granted the degree of

Bachelor of Science in Hospitality Management

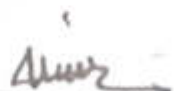
with all the rights, honors and privileges as well as obligations and responsibilities thereunto appertaining.

In testimony whereof affixed are the Corporate Seal of the University and signatures of the President, Dean and the Registrar.

Given at Cebu City, Philippines, this 20th day of December 2022.




DUINT N. LIM
Registrar


REV. FR. EDUARDO S. CELIZ, JR., OAR
President


EDGAR R. DETOYA, CPA, D.M.
Dean



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **122509073706** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR - SELF
 EARNING INDIVIDUAL - INDIVIDUAL NHTS Coverage : N/A
 Validity Period : N/A

MENDOZA, JOHN CABILUNA

DECA HOMES TUNGKIL, MINGLANILLA, CEBU - 6046

Foreign Address : N/A Sex : MALE
 Date of Birth : 6/2/1999
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : /09052954540 Tax Identification Number :

ENTITY INFORMATION

Philhealth Number (PEN/POGN) : N/A
 Name of Employer/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A Employment Status : N/A
 Tax Identification Number : N/A Date : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

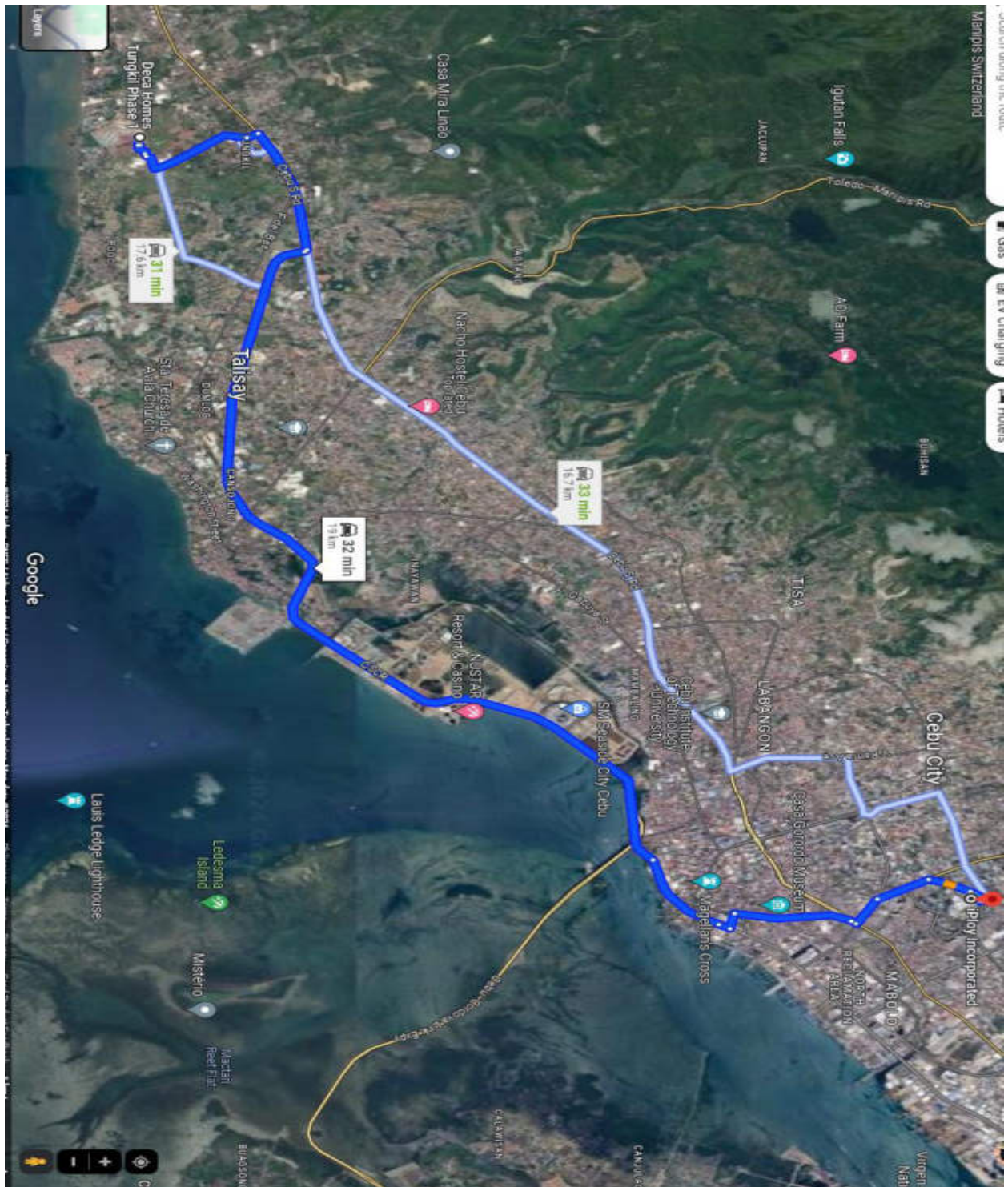
EDWIN M. ORIÑA, MD
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, 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 the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required.

Printed At : PRO VII Cebu City - B/F Golden Peak Tower, Corordo Ave. cor. Escario St., Cebu City

Deca Homes Phase 1 Tungkil to iPloy Incorporated





REPUBLIC OF THE PHILIPPINES
PROVINCE OF CEBU
MUNICIPALITY OF MINGLANILLA
BARANGAY TUNGKIL

OFFICE OF THE SANGUNIANG BARANGAY

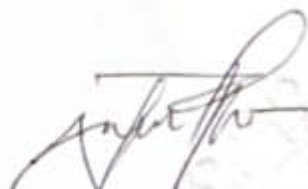
BARANGAY CLEARANCE


TO WHOM IT MAY CONCERN:

This is to certify that John Cobiluna Mendoza, 28 years old Filipino, single/married, with residence and postal address at Phase 1 Blk 7 Lot 73 Deca Homes Tungkil, Minglanilla, Cebu, Philippines, a bonafide resident of this Barangay and whose signature appear hereunder, HAS NO DEROGATORY RECORD in this Barangay and is known by the undersigned to be of good moral character and a law abiding citizen.

This certification is issued upon the request of the above-mentioned person in connection with his/her Local Employment or whatever legal purpose it may serve best.

Done and issued this 26th day of July, 2024 at Tungkil, Minglanilla, Cebu, Philippines.


Signature


HON. JOEY EDGAR P. CAMOTA
Punong Barangay

Not Valid Without Barangay Official Seal

#607-24

FREE EYE CHECK-UP

Ophthalmics & Diagnostic Center, Inc.

Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City

+2273/266-3245

alpha.ph



SERVICE ORDER

Beside Cashier Counter

RIGHT EYE: *90/90*

LEFT EYE:

STAFFING SOLUTIONS

CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0015
SO No.	469449
S.O Date	07/29/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 103507
 PATIENT NAME : MENDOZA, JOHN, CABILUNA
 PATIENT ADDRESS : Tungkil, Minglanilla, Cebu
 MOBILE NO. : 0969 434 3397
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPILOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Male
 BIRTHDATE : 06/02/1999
 AGE : 25
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPILOY PEME	1.00	800.00	800.00	TOTAL SALES : 800.00
	*PDR CHESS PA CBC UA SENSITIVE CARPENTRIES DONE				VARIABLE SALES : 0.00
	DRUG TEST (NOTE: PLEASE COMPLY WITH THE FOLLOWING TEST 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:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

BY: Signature Over Printed Name