



PHILHEALTH
OFFICIAL RECEIPT
 Republic of the Philippines
 Philippine Health Insurance Corporation



DATE 11/23/2011 **NO.** 33415416

Received from: ANDALES, JOJIE MALOMOG
 PIN: 170253596719
Reference: INDIVIDUALLY PAYING (SELF-EMPLOYED)
 Zip Code: _____ Tel. No.: _____

NATURE OF COLLECTION	AMOUNT
PREMIUM-VOL./SELF-EMPLOYED for Oct 1 - Dec 31, 2011	300.00
TOTAL	P 300.00

AMOUNT IN WORDS Three hundred and 0/100 pesos

<input checked="" type="checkbox"/> Cash	Drawee Bank	Number	Date
<input type="checkbox"/> Check			
<input type="checkbox"/> Money Order			
Premium Donor for:	Received the Amount Stated Above.		
Billing Statement No.:	ADRIAN S. NICOLAS CASHIER COLLECTING OFFICER		
Billing Date:			

OR#33415416 09:55am 170211112300026124151#04551-4E3421031C48460
 PRO-XII GENERAL SANTOS S.O.

Revised October 2008