



S.V. MORE GROUP OF COMPANIES

MEDICAL REIMBURSEMENT FORM

NAME : CHRISTINE JOY N. SAQUIBAL COMPANY/SUBSIDIARY : PHARMA CORP. DATE : 07/05/2023

DATE	REFERENCE NO.	DESCRIPTION	AMOUNT
07/04/2023	OR no. 0003516	LABORATORY	P4,050.00
07/04/2023	OR 294	MED CERT AND CONSULTATION	P800.00
TOTAL AMOUNT			P4,850.00
REIMBURSABLE			P3,395.00

MEDICAL REIMBURSEMENT CHECKLIST: (To be filled out by the endorsing officers)

Medical/Dental Cert.
 Prescriptions
 Official Receipt/s
 Hospital Billing Statement
 Lab Request/other Medical tests
 Lab Result/s & other Medical results (Consultation/Rx/Lab/Confinement)
 Others: _____
REMARKS: _____

SUBMITTED BY: CHRISTINE JOY N. SAQUIBAL 07/05/2023
PRINTED NAME & SIGNATURE OF EMPLOYEE/DATE

CHECKED & VERIFIED BY: _____
PRINTED NAME & SIGNATURE OF HRD OFFICER/DATE

ENDORSED BY: _____
PRINTED NAME & SIGNATURE OF IMMEDIATE OFFICER/DATE

APPROVED BY: _____
PRINTED NAME & SIGNATURE OF MEDICAL OFFICER OR MEDICAL DIRECTOR/DATE

HRDAO MR-F01.3

WHITE PAPER
MEDICAL REIMBURSEMENT FORM
PAPER DIMENSION: (L) 8.5 inches (H) 6.5 inches