

ONCOLL PAYMENT SLIP



ONCOLL PAYMENT SLIP

This is your receipt when machine validated.

Please check the appropriate mode of payment. <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT FROM ACCOUNT		DATE NOVEMBER 17, 2023
MERCHANT / AGENCY DEPOSIT ACCOUNT NUMBER 0552 2222 88		MERCHANT / AGENCY NAME SEC SRC Current Account
Reference Number 1 PAF No. 20231117-9532608	Printed Name and Signature of Payor / Depositor / Representative ACE MEDICAL CENTER - PALAWAN / CHRISTIAN PANDRES	
Reference Number 2 Allied Care Experts (ACE) Medical Center - Palawan Inc Puerto Princesa City, Palawan	Validation LIP P... PRINCESA IS... GALARD... 2023 11-27 Trxn. Seq. 1: 30373 CASH Payment 3492-2319-20 202311179532608 ALLIED CARE 7,500.00	
Reference Number 3 (Numeric)		
Amount 7,500		

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Please check the appropriate mode of payment. <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT FROM ACCOUNT		DATE NOVEMBER 17, 2023
MERCHANT / AGENCY DEPOSIT ACCOUNT NUMBER 3402 2319 20		MERCHANT / AGENCY NAME SEC BTR ACCOUNT - LRF
Reference Number 1 PAF NO. 2031117-9532608	Printed Name and Signature of Payor / Depositor / Representative ACE MEDICAL CENTER - PALAWAN INC / CHRISTIAN PANDRES	
Reference Number 2 Allied Care Experts (ACE) Medical Center Palawan, Puerto Princesa City Palawan	Validation LIP P... PRINCESA IS... GALARD... 2023 11-27 Trxn. Seq. 1: 30373 CASH Payment 3492-2319-20 202311179532608 ALLIED CARE 75.00	
Reference Number 3 (Numeric)		
Amount 75.000		