Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
www.philhealth.gov.ph

PRELIMINARY EMPLOYEES PREMIUM REMITTANCE LIST (PEPRL)

PhilHealth Number : **142417100006**
Employer Name : **METROPOLITAN NAGA WATER DISTRICT**
Employer Address : **40 J MIRANDA AVE CONCEPCION PEQUEÑA NAGA CITY CAMARINES SUR**
Employer TIN : **650000630506**
Employer Type : **Government**

Date/Time Generated : **02/02/2017 15:36:01**
Report Type : **Regular**
Applicable Period : **01-2017**

No.	PhilHealth No.	Surname	Given Name	Middle Name	PS	ES	Status | Remarks
				Subtotal	-	-	
				GRAND TOTAL		**P 0.00**	

Prepared by:

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Financial Planning Analyst

Certified True and Correct by:

EMMA A. CUYO
Division Manager A
Accounting Division / OIC-TBD

Approved by:

CESAR H. FEDERIZON
General Manager A