**MEDICAL LABORATORY CHECKLIST**

Payee:

Amount:

Particulars:

Supporting Documents: Two (2) copies collated

*(Put N/A if not applicable)*

* + Job Order
  + Request for Medical Examination
  + Sales Invoice
  + Certificate of Acceptance
  + List of Examined Employees (Certified Correct)
  + Landbank Account
  + Quotations

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + BAC Resolution (if less than 3 Quotations)
  + Abstract of Bids (For less than P1,000,000.00)
  + Others
  + SARO (if applicable)

I hereby certify that above documents are complete and arranged as per checklist.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name / Date

Email Address:

Contact Number/s: