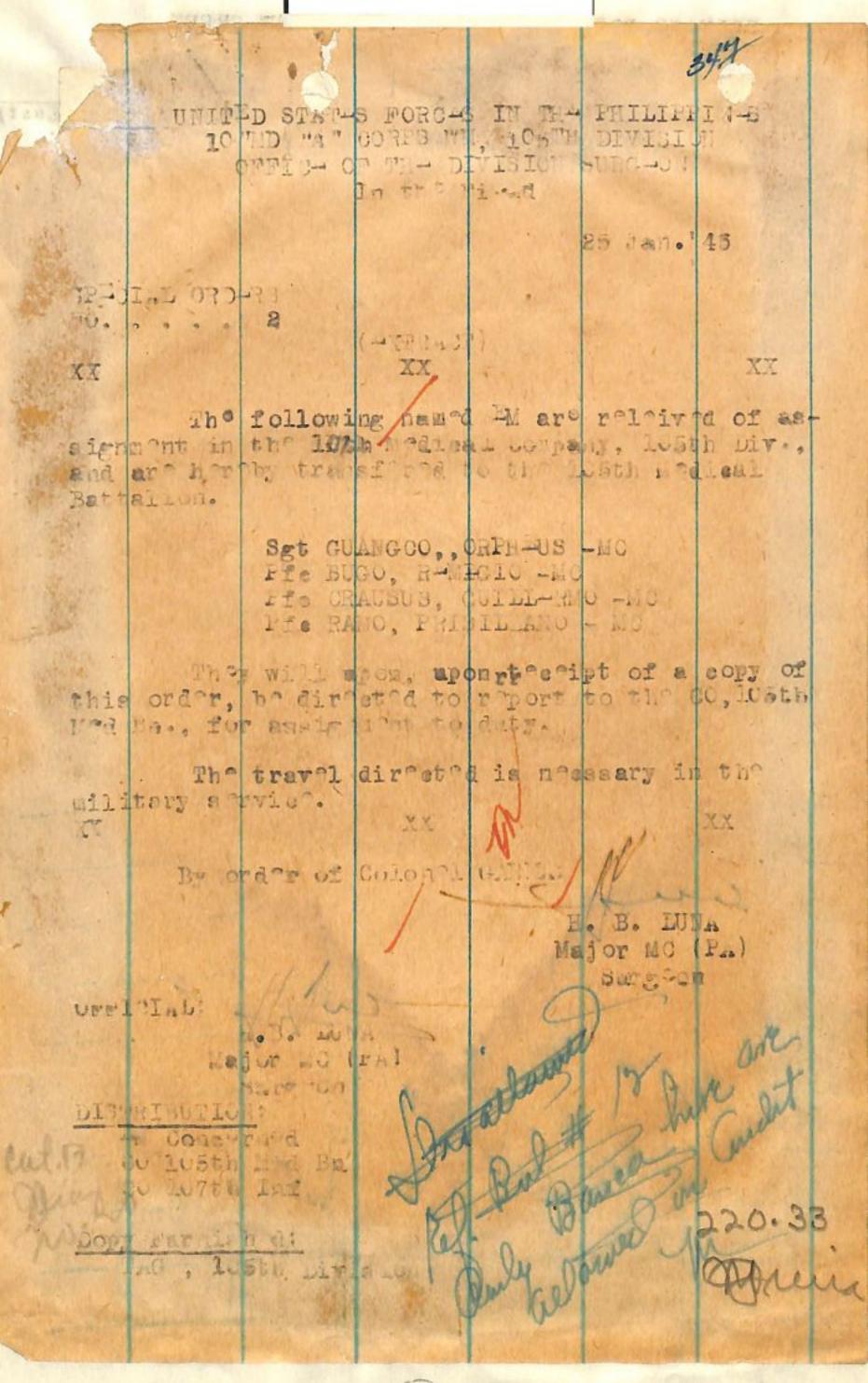
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Office of the Division Surgeon 105th Division Jan 15

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PRIVATE PROPERTY CLAIM SETTLEMENT SHEET

Claimant (First) (NidCle Initial) (Last) Address (Street) (City or Barrio) (Province) Claim No. Nationality: Filipino American Provincial Location: Other Amount Claimed P Amount in excess of P1,000 P Previous Payments P 75% of excess amount P Amount due this payment P Approved balance unpaid P Approved balance unpaid P The difference between the amount claimed and the amount approved is disallowed for the following reason(s): (P) (Code No.) Approved, under authority delegated by the Commission: Examinar Cate Reviewer Date CHAIGMAN, SOARS OF REVIEW Date COMMISSIONER Date Approved by the Commission:	Name of		
Address (Street) (City or Barrio) (Province) Claim No. Nationality: Filipino American Provincial Location: Other Amount Claimed P Amount approved P Amount in excess of P1.000 P Previous Payments P 75% of excess amount P Amount due this payment P Approved balance unpaid P Approved balance unpaid P The difference between the amount claimed and the amount approved is disallowed for the following reason(s): (P) (Code No.) Approved, under authority delegated by the Commission: Examinar Cate Reviewer Onte Onte Onte Onte Onte Onte Onte Onte	Claiment (First)	(Middle Initial)	(Last)
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Provincial Location: Amount Claimed Amount in excess of P1.000 P Previous Payments P Amount due this payment P Amount due this payment P Approved balance unpaid P The difference between the amount claimed and the amount approved is disallowed for the following reason(s): (P) (Code No.) Approved, under authority delegated by the Commission: Examinar Date CHAIRMAN, BOARC OF REVIEW Date Approved by the Commission:	Claim No.	Nationality: Fili	pino
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Amount due this payment P	Amount Claimed P	Amount approved	P
Approved balance unpaid P Approved balance unpaid P The difference between the amount claimed and the amount approved is disallowed for the following reason(s): (P) (Code No.) Approved, under authority delegated by the Commission: Examiner Date Reviewer Date CHAIRMAN, BOARD OF REVIEW Date COMMISSIONER Date Approved by the Commission:	Amount in excess of P1.000 P	Previous Payments	P
Approved balance unpaid P The difference between the amount claimed and the amount approved is disallowed for the following reason(s): (P) (Code No.) Approved, under authority delegated by the Commission: Examinar Cate Reviewer Date CHAIRMAN, BOARD OF REVIEW Date COMMISSIONER Date Approved by the Commission:	75% of excess amount P	Amount due this payment	P
Approved balance unpaid P The difference between the amount claimed and the amount approved is disallowed for the following reason(s): (P) (Code No.) Approved, under authority delegated by the Commission: Examinar Cate Reviewer Date CHAIRMAN, BOARD OF REVIEW Date COMMISSIONER Date Approved by the Commission:	% of net excess amount P	Less payment in kind	P
The difference between the amount claimed and the amount approved is disallowed for the following reason(s): (P) (Code No.) Approved, under authority delegated by the Commission: Examinar Cate Reviewer Date CHAIRMAN, BOARD OF REVIEW Date Approved by the Commission:			
Approved, under authority delegated by the Commission: Examinar Cate Reviewer Date CHAIRMAN, BOARD OF REVIEW Date COMMISSIONER Date Approved by the Commission:		t claimed and the amount approved is	disallowed for
CHAIRMAN, BOARD OF REVIEW Date COMMISSIONER Date Approved by the Commission:	(P) (Code No.)	
CHAIRMAN, BOARD OF REVIEW Date COMMISSIONER Date Approved by the Commission:	Approved, under authority d	delegated by the Commission:	
CHAIRMAN, BOARD OF REVIEW Date COMMISSIONER Date Approved by the Commission:	approved,		
Approved by the Commission:	Examiner	Cate Reviewer	Date
	CHAIRMAN, BOARD OF REVIEW	. Date . COMMISSIONER	Date
SECRETARY Quite	Approved by the Commission		
SECRETARY Quite	* · · · · ·		
	SECRETARY	Date	