



Insurance Corporation of Belize Ltd.
#16 Daly Street, P.O. Box 519
Belize City, Belize
501-224-5328/9

Transaction Ref: SRP00100274

Payment Date: 03/10/2018

Received from:
UNIVERSIDAD DE QUINTANA ROO

Paid By: Credit Card
Reference: ****3685

Amount Paid: \$ 20.00 BZD

Client Reference: UNROCZB0001

Policy No: PMV/0367458

Cover From Date: 03 OCT 2018
Expiration Date: 06 OCT 2018

Printed: October 03, 2018
By: egonzalez

Signature: _____

Atlantic Bar

I.C.B. - COROZAL BORDER
SANTA ELENA, COROZAL
COROZAL DISTRICT, BELIZE C.A.
014424000160000
08:01 OCT 03, 18
*****3685
REF: 827608011822
AUTHORIZATION: 02

SALE

=====BANCOMER VISA=====
AID: A0000000032010
TVR: 8080000000
ARQC: A147FAB8C0D36B49
TC: 0CED43107E00C619

CLIENT COPY
ALL SALES ARE FINAL

the proposer is hereby subjected to the special conditions or restrictions (if any) indicated below for the period of Cover stated. Unless the insurance be terminated by written notice to the proposer at the above address, in which case the insurance will thereupon cease and a proportionate part of the annual premium will be charged for the time the insurance has been in force.

PERIOD OF COVER October 03, 2018 7:57 A.M. To October 06, 2018

SCHEDULE

Make, model and type of Body HONDA CRV CAR 4 GRAY 2014	Engine/carrying capacity G.P.W 4 Cyl. 5 Passengers	Registration, Chassis or Engine number UTK409D Vin #: -
Cover: Third Party Act Only Private	Used only for the following purposes as per Use Clauses overleaf Private	

Special Conditions or Restrictions As per overleaf

CERTIFICATE OF MOTOR INSURANCE

I HEREBY CERTIFY that this Cover Note is issued in accordance with the provisions of the Motor Vehicle Insurance (Third Party Risk) Act.

INSURANCE CORPORATION OF BELIZE LIMITED
(Authorized Insured)

Countersigned by

Managing Director



BELIZE

MINISTRY OF AGRICULTURE
INTERNATIONAL REGIONAL ORGANIZATION FOR PLANT AND ANIMAL HEALTH
(OIRSA)

INTERNATIONAL QUARANTINE TREATMENT SERVICE - IQTS
CONSTANCY OF QUARANTINE TREATMENT

SERIAL A

13640

Name of Costumer/Company: David Alam Date of Treatment: 3.10.2018 Time: _____

TYPE OF TRANSPORT:

☒ TERRESTRIAL	☐ AERIAL
☐ Trailer 40'	☐ Trailer 20'
☐ Camiones	☐ Buses
☐ Micro	☐ Pickup
☐ Carros	☐ SUV
☐ Trata Esp	☐ Trata Esp
☐ Moto	

Benque Viejo Corozal License Plate No.: U1K 409D

Passengers Cargo

AERIAL 13 - 60 61 - 100 101 - 200 Small Big

FLYGHGT NUMBER: _____

AIRLINE COMPANY: _____

ORIGIN: Chetumal CAME FROM: Mexico DESTINATION: Belize

Payment: Cash \$: _____ Credit \$: _____

TYPE OF TREATMENT: Spray

CHEMICAL USED: Cypermethrin 8.2 DOSAGE: 400g/L VOLUME OF CARGO: _____

AMOUNT APPLIED: _____ TIME OF EXPOSURE: _____ (hrs.) TIME OF AERATION: _____

TREATED PRODUCT: _____ WEIGHT/VOLUME/UNITS: _____

DATE AND No. OF QUARANTINE ORDER _____

OBSERVATIONS: _____

Cost of Treatment: 11.00 Type of payment: Cash/Credit CASH

NAME, SIGNATURE AND STAMP OF QUARANTINE TREATMENT OFFICER _____

NAME, SIGNATURE AND STAMP OF QUARANTINE OFFICIAL _____

USUARIO

CLIENT COPY
ALL SALES ARE FINAL

Copia



TAX INVOICE



BUCA SHELL

2½ mls. Northern Highway
Belize City, Belize
Tel: 223-1199

Shell Retailer

453901

T.I.N. 2050

04/10/18

Sold to:

Address:

Vehicle No.

Order No.

Vehicle No.	Order No.	Qty.	Item/Description	Unit Cost	AMOUNT
			Fuels:		
			Gallons Premium Gas		
10.001			Gallons Regular Gas		
			Gallons Diesel		
			Gallons Kerosene		
			Lubricants:		
			G.S.T.		
1 1/2% Interest on all overdue accounts.					
TOTAL (including G.S.T)					112.00

1 1/2% Interest on all overdue accounts.

TOTAL (including G.S.T)

112	050
-----	-----

Recipient T.I.N.

Authorized Signature

"You Can Count On **Shell**"

BANORTE

VENTA

SERVICONBUSTIBLE 12879

CL3 GARANT H88 X NIZUC NO 1 L0

QUINTANA ROO OTHON P. BLANCO

7664257

CAJA 1

<< COPIA CLIENTE >>

NUMERO DE TARJETA

*****3685

DEBITO/BANCONER/VISA

APROBADA

AUT: 715098

OPER: 000314

LOTE:000004

REF:437927713839

AID A0000000032010

BANCONER VISA

ARQC *****57C1

TC *****2299

IMPORTE

\$781.65

FECHA 030CT18

HORA 07:28:07

BNTPOSv1.25-TW/F322C

#MexicanosFuertes

BULL FROG INN

25 Halfmoon Ave., Belmopan, Belize

Telephone: 822-2111

TIN: 14547

No. 010745

Date: 30 Oct 18

Received from

The Sum of

For

Re: Universidad de Quintana Roo
One hundred & six
accommodation
Re: Isabel Mender Dominguez

\$ 106.28

DOLLARS

Printed by Aligraphics Ltd. • P-223-1838

BULL FROG INN

25 Halfmoon Ave., Belmopan, Belize

Telephone: 822-2111

TIN: 14547

No. 010751

Date: 3/10 20 18

Received from

The Sum of

For

Universidad de Quintana Roo

Thirty three xx DOLLARS

Lunch & Beverages

\$ 33.00

[Signature]

Printed by Aligraphics Ltd. • P-223-1838

BULL FROG INN

25 Halfmoon Ave., Belmopan, Belize

Telephone: 822-2111

TIN: 14547

No. 010754

Date: 3-10 20 18

Received from

The Sum of

For

Universidad de Quintana Roo

fifteen Dollars DOLLARS

Dinner

\$ 15.50

[Signature]

Printed by Aligraphics Ltd. • P-223-1838

BULL FROG INN

25 Halfmoon Ave., Belmopan, Belize
Telephone: 822-2111

- TIN: 14547

No. 010765

Date: 4/10/2018

Received from Universidad de Quintana Roo

The Sum of Twenty Six DOLLARS

For Breakfast

\$ 26.00

A. Pineda

RAMADA BELIZE GRAY ENTERPRISES LTD
NEWTOWN BARRACKS
KINGS PARK
1758 BELIZE CITY
TIN# 208378
Tel:5012232670 Fax:5012232660
10 - CALYPSO RESTAURANT

Date : 04.10.2018 Time: 13:22
Check : 697823 Couver: 0
Table : 12-2 Waiter: 1
Opened : SHEMICA REID

Qty Item	Amount
1 GRILLED LOBSTER \$	45,00
1 FLAN	8,00
***** SUB TOTAL *****	53,00

TIPS : _____

TOTAL : _____

NAME : _____

SIGNATURE : _____

RAMADA BELIZE GRAY ENTERPRISES LTD
NEWTOWN BARRACKS
KINGS PARK
1758 BELIZE CITY
TIN# 208378
Tel:5012232670 Fax:5012232660
10 - CALYPSO RESTAURANT

Date : 04.10.2018 Time: 14:50
Check : 697837 Couver: 0
Table : 12-D4 Waiter: 1
Opened : SHEMICA REID

Qty Item	Amount
1 SHRIMP SCAMPI	26,00
***** SUB TOTAL *****	26,00

TIPS : _____

TOTAL : _____

NAME : _____

SIGNATURE : _____