Date Requested:	11-Feb-23	Date Neede	ed: ASAP	
Mode of Payment:	Cash	X Check	If the request is above Php 1,0	000.00, cheque will be released
Payee:	SSS	Depar	rtment: Accounting	
Amount:	₱ 4,890.	00 Expense	e Type: SSS CONTRIBUTION E	R
Purpose:	SSS Contribution			<u></u>
Remarks:	AP SSS contribution for the month of J	ANUARY 2022		
BANK ACCOUNT DE	Signed Agreement (signed by example) TIN IDs and 1valid Gov't ID to i., Billing statement for the application COR / BIR 2303 FORM TAILS FOR DIRECT DEPOSIT	g SSS, PAG-IBIG, PASSP	nt) PORT, DRIVERS LINCENSE (for nev	w consultants)
	TAILS FOR DIRECT DEFOSIT			
Branch:				
Account Number:				
REQUESTED BY:	ROSANNA BARNEL	APPROVED		
	Name Over Signature/ Date	For incompl	(Immediate Head) r incomplete attachedment	
		APPROVED	BY: ATTY. JAENICEN	LAMSEN
			Legal and Operat	ion Heads
	3 working days upon receipt of original Pay	•		9
- ·	r any proof to support your request. This fo		.,	& permits payments.
Please attach approved quotation(s) o		CCOUNTING ONL	Υ	& permits payments.
~ ·		CCOUNTING ONL	Y inance Dept:	Approved by: