PAYMENT REQUEST FORM					
Date Requested:	09-Mar-23		Date Needed:	ASAP	
Mode of Payment:	Cash	X	Check	If the request is above Php	1,000.00, cheque will be released.
Payee:	HDMF		Department:	Accounting	
Amount:	₱	2,000.00	Expense Type:	PAG-IBIG CONTRIBUT	TION ER
Purpose:	HDMF Contribution				
Remarks:	BTI HDMF Contribution for the	e month of FEBR	UARY 2023		<u> </u>
BANK ACCOUNT DE	Attachment (if applicable): Signed Agreement (sig TIN IDs and 1valid Gov Billing statement for th COR / BIR 2303 FORM	t ID to i.g SSS, PA	AG-IBIG, PASSPORT, DI	RIVERS LINCENSE (for I	new consultants)
Branch:					
Account Number:					
REQUESTED BY:	ROSANNA BORNEL Name Over Signature/		APPROVED BY:	APPROVED BY: EUNECE PINEDA (Immediate Head)	
	For incomplete attachedment				
			APPROVED BY:	ATTY. JAENICEN LAMSEN	
				Legal and Oper	ration Heads
Note: Accounting Payables Process is Please attach approved quotation(s) o		•			ts & permits payments.
FOR ACCOUNTING ONLY					
Accounting Dept:	Drococced by		Finance Dept:		
Processed by:	Processed by:	(5)	Verified By:		Approved by:
Name Over Signature/ Date	Name Over Signatu	ire/ Date	Name Over Sign	ature/ Date Document No.: AFD2	Name/ Date