	PAYMENT F	REQUEST FORM	
Date:	12-Sep-22	Document No.: AFD20161017-001 v.1	
Payee:	Jomark Tamboong	Date Needed: 16-5	Sep-22
Amount:	2,500.00		
Name:	Jomark Tamboong		
Department:	AFTER SALES (RMA)		
Purpose:	HAULING PAYMENT		
Remarks	:		
	HAULING FEE WASTE DISPOSAL Non ELEC	CTRONICS THROUGH	
	Construction Debris Lucky J Hauling		
	15-/		
	<u> </u>		
REQUESTED BY:	Jom dy k Tamboong		
	(Requestor)		
APPROVEB BY:	Ana Dorothy C. Lacorte		
	(Immediate Head)		
	Note*Accounting process in payables is 3 wor	king days upon received of original Payment Rec	quest Form.
	Pls. attached approved quotation or any proo	f that can support your request. This form will be	used
	for NON P.O Item such as based on contract	• •	
	FOR ACCO	UNTING ONLY	
Accounting Dept:		Finance Dept:	
Received by:	Processed by:	Verified By:	Approved by:
Name/ Date	Name/ Date	Name/ Date	Name/ Date
Requestor Copy			•