PAYMENT REQUEST FORM						
Date Requested:	15-Mar-23	Date Ne	eded:	ASAP		
Mode of Payment:	Cash X O	nline Check	ıf	f the request is above Php 1,000.00, o	cheque will be released.	
Payee:	Bureau of Internal Rev	enue De	epartment:	Accounting		
Amount:	₱ 2	,179,162.80 Exp	ense Type:	TAXES EXPENSES		
Purpose:	Payment for 0619E of BOXTALKS INC. for the month of January 2023					
Remarks:						
BANK ACCOUNT DE Bank: Branch:		ne applicable month.	Bank:	/ERS LINCENSE (for new consu SECURITY BANK CORP. Int Name: BOXTALKS INC. Int Number: 0000-005332-75:		
REQUESTED BY:	QUESTED BY: Maureen Mae Linssel Name Over Signature		ED BY:	Eanese Pineda (Immediate Head)		
		For incomplete attachedment				
	APPROVED BY:					
				Legal and Operation He	ads	
Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents. Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments.						
FOR ACCOUNTING ONLY						
Accounting Dept:	Finance Dept:					
Processed by:	Processed by:		Verified By: Appl			
Name Over Signature/ Date	lame Over Signature/ Date Name Over Signature/ Date					