| Date Requested: 11-Feb-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 Purpose: HDMF Contribution Remarks: TEQ HDMF Contribution for the month of JANUARY 2023 Attachment (if applicable): Signed Agreement (signed by executives and consultant) TIN IDs and Ivalid Gov't ID to Lg SSS, PAG-IBIG, PASSPORT, DRIVERS UNCENSE (for new consultants) Billing statement for the applicable month. COR / BIR 2303 FORM BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT Bank: Branch: Account Number: Account Number: Account Number: Account Number: Account Number: Account Number: Accounting Poyables Process is 3 working days upon receipt of original Payment Request Form & complete attachedment APPROVED BY: ATTY, JAENICEN LAMSEN Legal and Operation Heads Note: Accounting Poyables 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 Name Over Signature/ Date Name Over Signature/ Date Name Over Signature/ Date Name Over Signature Date | PAYMENT REQUEST FORM | | | | | | |
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| Payee: HDMF | Date Requested: | 11-Feb-23 | | Date Needed: | ASAP | | |
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