PAYMENT REQUEST FORM				
Date Requested:	27-Jan-23	Date Needed:	ASAP	
Mode of Payment:	CashX Online	Check	If the request is above Php 1,000.00,	cheque will be released.
Payee:	Bureau of Internal Revenue	Department	: Accounting	
Amount:	<b>₽</b> 3,938.99	Expense Type	: TAXES EXPENSES	
Purpose:	Payment for 1601C of DIGITAL W.	ALKER CORP. for the month	of November 2022	
Remarks:				
BANK ACCOUNT DE Bank: Branch:	Attachment (if applicable):  Signed Agreement (signed by exe TIN IDs and 1valid Gov't ID to i.g. 9 Billing statement for the applicab COR / BIR 2303 FORM  TAILS FOR DIRECT DEPOSIT	SSS, PAG-IBIG, PASSPORT, DI le month.  Bar Acc Acc	RIVERS LINCENSE (for new consum nk: BANK OF THE PHILIPPINE ISLA count Name: DIGITAL WALKER Count Number: 4043-0781-22	ANDS
REQUESTED BY:	Maureen Mae Linssen Dieza Name Over Signature/ Date	APPROVED BY:	(Immediate Head)	
		For incomplete attachedment		
		APPROVED BY:		
			Legal and Operation He	eads
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:		Approved by:
Name Over Signature/ Date	ignature/ Date Name Over Signature/ Date Name Over Signature/ Date Name Over Signature/ Date Name/ Date  Document No.: AFD20161017-001 v.3			