



## PAYMENT REQUEST FORM

Date: 11-25-2022

Document No.: AFD20161017-001 v.1

Payee: Leister Reburiano

Date Needed: 12-5-2022

Amount: 70,000

Branch Name: \_\_\_\_\_

Department: Marketing Department

Purpose: Consultation Fee-DECEMBER

Remarks: CONSULTATION FEE-creative director

006090350221

BDO

REQUESTED BY:

Consular  
Mekaela Consular

(Requestor)

APPROVED BY:

Marketing  
Macel Abejero

AVP for Marketing - MCG

*Note\*Accounting process in payables is 3 working days upon received of original Payment Request Form.*

*Pls. attached approved quotation or any proof that can support your request. This form will be used*

*for NON P.O Item such ask base on contract & Permits payments.*

### FOR ACCOUNTING ONLY

#### Accounting Dept:

Received by:

Name/ Date

Requestor Copy

Processed by:

Name/ Date

#### Finance Dept:

Verified By:

Name/ Date

Approved by:

Name/ Date