	PAYMENT REQUEST FO	RM		
Date Requested:	01/30/2023	Date Needed:	FEB 15,2023	_
Mode of Payment:	Cash	X Bank Transfer	If the request is above Php 1,000	0.00, cheque will be released.
Payee:	BRYAN GABRIEL	Department		_
Amount:	₱ 8,000.00	Expense Type		_
Purpose:	FOOD AND TRAVEL ALLOWANCE			_
	STORE VISIT AT DW ABREEZA AND DW CAGAYAN DE ORO			
Remarks:	FOOD ALLOWANCE 300 PER HEAD x 5 DAYS = 1,500 x2 = 3.000			-
REQUESTED BY:	TRAVEL ALLOWANCE 500 PER HEAD x 5 DAYS = 2,500 x2 = 5,00	APPROVED BY:	CRISTINE TIU SAN	TOS
	Name Over Signature/ Date		(Immediate Head)	
- ·	is 3 working days upon receipt of original Payment Request Form & a portion of the support your request. This form will only be used for FOR ACCOUNTING	r NON P.O Item(s) such as		ts.
Accounting Dept:		Finance Dept:		
Processed by:	Processed by:	Verified By:		Approved by:
Name Over Signature/ Date	Name Over Signature/ Date	Name Over Sig	nature/ Date	Name/ Date
			Document No : AFD2016	1017-001 v 2