

## PAYMENT REQUEST FORM

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: PHIC

Department: Accounting

Amount: ₱ 826.40

Expense Type: HILHEALTH CONTRIBUTION E

Purpose: Philhealth Contribution

Remarks: TEQ Philhealth Cintribution for the month of JANUARY 2023

**Attachment (if applicable):**

Signed Agreement (signed by executives and consultant)

TIN IDs and 1valid Gov't ID to i.g SSS, PAG-IBIG, PASSPORT, DRIVERS LINCENSE (for new consultants)

Billing statement for the applicable month.

COR / BIR 2303 FORM

**BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT**

Bank:

Branch:

Account Number:

REQUESTED BY:

ROSANNA BORNEL

Name Over Signature/ Date

APPROVED BY:

EUNECE PINEDA

(Immediate Head)

*For incomplete attachedment*

APPROVED BY:

ATTY. JAENICEN LAMSEN

Legal and Operation Heads

*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:**

Processed by:

Name Over Signature/ Date

**Finance Dept:**

Processed by:

Name Over Signature/ Date

Verified By:

Name Over Signature/ Date

Approved by:

Name/ Date

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