Date Requested:	11-Feb-23		Date Needed:	ASAP	
Mode of Payment:	Cash	X	Check	If the request is above Php 1,00	0.00, cheque will be released.
Payee:	HDMF		Department:	Accounting	<u> </u>
Amount:	₱	1,000.00	Expense Type:	PAG-IBIG CONTRIBUTION	ER
Purpose:	HDMF Contribution				
Remarks:	DWC HDMF Contribution for th	e month of JA	NUARY 2023		<u> </u>
BANK ACCOUNT DE	Signed Agreement (signed TIN IDs and 1valid Gov't Billing statement for the COR / BIR 2303 FORM	ID to i.g SSS, F	PAG-IBIG, PASSPORT, DI	RIVERS LINCENSE (for new	consultants)
Branch:					
Account Number:					
REQUESTED BY:	ROSANNA BORNEL Name Over Signature/ D		APPROVED BY:	EUNECE PINEI (Immediate Head)	DA
	Name Over Signature/ D	ate	For incomplete atto	complete attachedment	
			APPROVED BY:	ATTY. JAENICEN LA	AMSEN
				Legal and Operatio	n Heads
Note: Accounting Payables Process is Please attach approved quotation(s) o		•			permits payments.
	F	OR ACCOU	NTING ONLY		
Accounting Dept:			Finance	e Dept:	
Processed by:	Drocessed hv		Varified Rv		Approved by:
Processed by:	Processed by:		Verified By:		Approved by: