

PAYMENT REQUEST FORM

Date: 31-Aug-22
 Payee: Jomark Tamboong
 Amount: 1,859.00
 Name: Jomark Tamboong
 Department: AFTER SALES (RMA)
 Purpose: RMA SALE EVENT - FOOD ALLOWANCE

Document No.: **AFD20161017-001 v.1**

Date Needed: 1-Sep-22

Remarks:

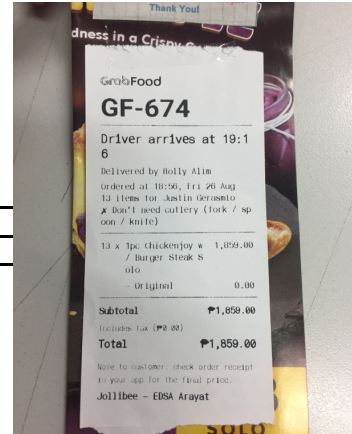
RMA SALE EVENT 08-26-2022 FOOD ALLOWANCE (DINNER)

REQUESTED BY:

Jomark Tamboong
 (Requestor)

APPROVED BY:

Ana Dorothy C. Lacorte
 (Immediate Head)



*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 as based 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