	ested: March 1, 2023	Data Nooded 1 ASAP		
Mode of Pay	monst: Cash	X Check If the request is a	bove Php 1,000.00, cheque will be released.	
	ayoe: BeyondConcepts Inc	Department: Human Res		
	ount 9 12,500.00	Expense Type:		
	pose: BirthdayGC Payment			
Rem	orks:			
	Attachment (if applicable):			
	Signed Agreement (signed by ex	necutives and consultant)		
	TiN IDs and Ivalid Gov't ID to Le	SSS PAG-IRIG PASSDORT DRIVERS LINCENSE HAS BEEN BOOK	ts)	
	COR / BIR 2303 FORM	nuter.		
	Receipts/Noterial Copies			
BANK ACCOUNT (	DETAILS FOR DIRECT DEPOSIT			
BANK ACCOUNT (				
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Beni Branch	k			
Beni	k			
Branch Account Number	<u></u>			
Branch Account Number	LYRA YOY RARA	APPROVED BY:	IAVERTINI AMPEN	
Branch Account Number	<u></u>	APPROVED BY:	JAYKERALAMSEN Mandalam Head)	
Branch Account Number	LYRA YOY RARA	APPROVED BY:	JAYKED LAMSEN Manddiata Head)	
Beni Branch Account Number	LYRA YOY RARA	APPROVED BY:  ATTY  For incomplete attachedment	Maydiata Head)	
Beni Branch Account Number	LYRA YOY RARA	APPROVED BY:	JAYKED LAMSEN  Manydian Head)	
Branch Account Number	LYRA YOY RARA	APPROVED BY:  ATTY  For incomplete attachedment	IAYEEA LAMSEN Mamediah Head)	
Branch Account Number	LYRA YOY RARA	APPROVED BY:  ATTY  For incomplete attachedment	IAYSEN LAMSEN (Mandiala Head)	
Branch Account Number	LYN DY RARA  Name Over Signature/ Date	APPROVED BY:  For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:	(Manydiala Head)	
Beni Branch Account Number REQUESTED BY:	E LYRA DY RARA  Name Over Signature/ Date  seess is 3 working days upon receipt of	APPROVED BY:  For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:  faciginal Payment Request Form & complete supportin	(Manydials Head)	
Beni Branch Account Number REQUESTED BY:	E LYRA DY RARA  Name Over Signature/ Date  seess is 3 working days upon receipt of	APPROVED BY:  For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:	(Manydials Head)	
Branch Account Number REQUESTED BY:	E LYRA DY RARA  Name Over Signature/ Date  seess is 3 working days upon receipt of	APPROVED BY:  For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:  faciginal Payment Request Form & complete supportin	(Manydials Head)	
Branch Account Number REQUESTED BY:	E LYRA DY RARA  Name Over Signature/ Date  seess is 3 working days upon receipt of	APPROVED BY:  For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:  f ariginal Payment Request Form & complete supportinguest. This form will only be used for NON P.O Item(s) s	(Manydials Head)	
Branch Account Number REQUESTED BY:	E LYRA DY RARA  Name Over Signature/ Date  seess is 3 working days upon receipt of	APPROVED BY:  For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:  faciginal Payment Request Form & complete supportin	(Manydials Head)	
Branch Account Number REQUESTED BY:	LYRANDY RARA  Name Over Signature/ Date  reaso is 3 working days upon receipt of  lon(is) or any proof to support your re-	APPROVED BY:  For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:  J'ariginal Payment Request Form & complete supportinguest. This form will only be used for NON P.O Item(s) are possible to the complete supportinguest. This form will only be used for NON P.O Item(s) are possible to the complete supportinguest.	g documents.  such as contracts & permits payments.	
Branch Account Number REQUESTED BY:	LYRANDY RARA  Name Over Signature/ Date  reaso is 3 working days upon receipt of  lon(is) or any proof to support your re-	APPROVED BY:  For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:  J'ariginal Payment Request Form & complete supportinguest. This form will only be used for NON P.O Item(s) are possible to the complete supportinguest. This form will only be used for NON P.O Item(s) are possible to the complete supportinguest.	g documents.  such as contracts & permits payments.  Approved by:	Over Signature/ Date

		PAYMENT REQUEST FOR		
		Date Needed : ASAP	If the request is above Php 1,000,00, change	will be released.
	2023		if the request is autom	
Date	Requested: March 1, 2023	x Check	tment: Human Resources	
anda (	Payment Cash	/ Depart	(All Williams)	
Mann	Description Concepts		Type:	
	Payee:	4 500.00		
	Amount: P Purpose: Holiday GC Paymen			
	Purpose: Holitaly 55			
	Remarks:			
	Attachment (if applicable):	ned by executives and consultant); t ID to I.B SSS, PAG-IBIG, PASSPORT, DRIVERS LINCENS e applicable month.	E (for new consumeros)	
	Signed Agreement to	ID to LE SSS, PAG-IBIG, PAGS-		
	TIN IDs and Ivalid GOV Balling statement for the	e applicable munur.		
	Receipts/Notarial Copie			
	DETAILS FOR DIRECT DEPOSIT			
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Branc count Atambé	10	APPROVED BY:	ATTY JAWSEN	
Branc count Humbs	LYSA JOY RARA	APPROVED BY:	ATTY, JAYCEP (AMSEN (Inchestisate Head)	
Branc count Numbe	10		ATTT. DATE	
Branc count Numbe	LYSA JOY RARA	APPROVED BY:  For incomplete attachedment	ATTT. DATE	
Branc count Numbe	LYSA JOY RARA	For incomplete attachedment	ATTT. DATE	
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	LYSA JOY RARA	For incomplete attachedment  APPROVED BY:	ATTT. DATE	
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Branc	LYSA JOY RARA  Name Over Signature/ Date	For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:	(Indiata-lead)	
Brancount Associa	LYSA JOY RARA  Name Over Signature/ Date	For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:  Contained Symment Request Form & complete supp	(in redistributed)	
Brancount Associa	LYSA JOY RARA  Name Over Signature/ Date	For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:  Contained Symment Request Form & complete supp	(in redistributed)	
Brancount Associa	LYSA JOY RARA  Name Over Signature/ Date	For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:	(in redistributed)	
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Branc count Aumino Poyables Prov oved quotalis	Name Over Signature/ Date  Name Over Signature/ Date  tase is 3 working days upon receipt of  processed by:	For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER:  foriginal Payment Request Form & complete supplement. This form will only be used for NON P.O. Item  FOR ACCOUNTING ONLY  Verified By:	(in realisablead)  orting documents.  o(s) such as contracts & permits payments.  Approved by:	many Significancy Design
Branc count Humbe	Name Over Signature/ Date  Name Over Signature/ Date  sess is 3 working days upon receipt of	For incomplete attachedment  APPROVED BY:  EXECUTIVE OFFICER: foriginal Payment Request form & complete supplement. This form will only be used for NON P.O. Item  FOR ACCOUNTING ONLY  Verified By:  Name Over Signature/ Date	(in realisablead)  orting documents.  o(s) such as contracts & permits payments.  Approved by:	wer Signature/ Date