



PAYMENT REQUEST FORM

Date: November 2, 2022
Payee: Lyra Joy Rara
Amount: 2,000.00
Branch Name: _____
Department: HR
Purpose: Medicine Supplies

Document No.: _____
Date Needed: ASAP

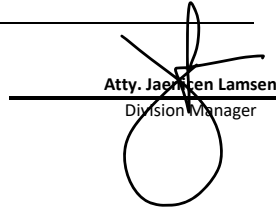
Remarks:

What: Medicine Supplies
Bank: BDO
Account Number: 006580140193
Payee: Lyra Joy Rara

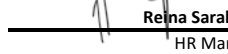
REQUESTED BY:


Lyra Joy Rara
HR Officer

NOTED BY:


Atty. Jaerhen Lamsen
Division Manager

APPROVED BY:


Reina Sarah Villegas
HR Manager

*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 ask base 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