	PAYMENT REQUEST FORM	
Date:	01/17/2023	Document No.: AF
Payee:	Kathlene Daelo	Date Needed:
Amount:	10,959.78	
Branch Name:		
Department:	MCG Department	
	Mailchimp *MISC	
Purpose:	Mailchimp.com US	
Remarks:		
	Mailchimp *MISC Mailchimp.com US	
- -	10,959.78	
-		
REQUESTED BY:	Kathlene Daelo	
	(Requestor)	
APPROVEB BY:	Macel Abejero	
	(Immediate Head)	
	Note*Accounting process in payables	is 3 working days upon received of original Paymહ
	Pls. attached approved quotation or a	nny proof that can support your request. This form
	for NON P.O Item such ask base on contract & Permits payments.	
	FOR ACCOUNTING ONLY	
Accounting Dept:	Finance Dept:	
Received by:	Processed by:	Verified By:
Name/ Date	Name/ Date	Name/ Date
Requestor Copy		

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ASAP	
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will be used	
Approves	ا الحادية
Approved	i by:
Approved Name/ D	ate
<u> </u>	