PAYMENT REQUEST FORM			
Date: 11-25	-2022	Document No.: AFD20161017-001 v.1	
Payee: Amount: Branch Name:	Mikhaela Manalo	Date Needed:	1/12-15-2022
Department:	Marketing Department		
Purpose:	Consultation Fee-DECEMBER		
Remarks:	CONSULTATION FEE-graphic artist		
_ 	BDO		
REQUESTED BY:	Mekaela Consular (Requestor)		
APPROVED BY:	Michigand  Macel Abelero  AVP for Marketing - MCG		
		working days upon received of original Payment Req oof that can support your request. This form will be t & Permits payments.	
FOR ACCOUNTING ONLY			
Accounting Dept:		Finance Dept:	
Received by:	Processed by:	Verified By:	Approved by:
Name/ Date	Name/ Date	Name/ Date	Name/ Date
Requestor Copy			