PAYMENT REQUEST FORM					
Date Requested:	09-Mar-23		Date Needed:	ASAP	
Mode of Payment:	Cash	X	Check	If the request is above Pl	hp 1,000.00, cheque will be released.
Payee:	HDMF		Department:	Accounting	<u> </u>
Amount:	₱ 36	6,000.00	Expense Type:	PAG-IBIG CONTRIBL	JTION ER
Purpose:	HDMF Contribution				
Remarks:	DTC HDMF Contribution for the r	month of FEBR	UARY 2023		
BANK ACCOUNT DE	Attachment (if applicable): Signed Agreement (signed TIN IDs and 1valid Gov't II Billing statement for the a COR / BIR 2303 FORM	D to i.g SSS, PA	G-IBIG, PASSPORT, DI	RIVERS LINCENSE (fo	r new consultants)
	TAILS FOR DIRECT DEPOSIT				
Account Number:					
REQUESTED BY:	ROSANNA BORNEL		APPROVED BY:	EUNECE	PINEDA
	Name Over Signature/ Da	te		(Immediate Head)	
			For incomplete atto	achedment	
			APPROVED BY:	ATTY. JAENI	CEN LAMSEN
				Legal and Op	eration Heads
Note: Accounting Payables Process is Please attach approved quotation(s) o				•	
	FC	OR ACCOUN	TING ONLY		
Accounting Dept:			Finance Dept:		
Processed by:	Processed by:				Approved by:
Name Over Signature/ Date	Name Over Signature	e/ Date	Name Over Sign	ature/ Date	Name/ Date
	-			Document No.: AFD	020161017-001 v.3