

**PAYMENT REQUEST FORM**

Date Requested: March 1, 2023

Date Needed: ASAP

Mode of Payment: Cash

☒ Check

*If the request is above Php 1,000.00, cheque will be released.*

Payee: BeyondConcepts Inc

Department: Human Resources

Amount: P 12,500.00

Expense Type: \_\_\_\_\_

Purpose: BirthdayGC Payment

Remarks: \_\_\_\_\_

**Attachment (if applicable):**

- \_\_\_\_ Signed Agreement (signed by executives and consultant)
- \_\_\_\_ TIN IDs and 1 valid Gov't ID to 1g SSS, PAG-IBIG, PASSPORT, DRIVERS LICENSE (for new consultants)
- \_\_\_\_ Billing statement for the applicable month.
- \_\_\_\_ COR / BIR 2303 FORM
- \_\_\_\_ Receipts/Notarial Copies

**BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT**

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

REQUESTED BY:

LYRA JOY RARA

Name Over Signature/ Date

APPROVED BY:

ATTY. JAYCEE RAMSEN

(Immediate Head)

*For incomplete attachment*

APPROVED BY:

EXECUTIVE OFFICER:

*Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents.*

*Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments.*

**FOR ACCOUNTING ONLY**

Processed by:

Processed by:

Verified By:

Approved by:

Name Over Signature/ Date

Name Over Signature/ Date

Name Over Signature/ Date

Name Over Signature/ Date

Document No.: AFD20161017-001 v.3



# PAYMENT REQUEST FORM

Date Requested: March 1, 2023 Date Needed: ASAP *If the request is above Php 1,000.00, cheque will be released.*

Mode of Payment: Cash ☒ Check

Payee: Beyond Concepts Inc. Department: Human Resources

Amount: P 74,500.00 Expense Type: \_\_\_\_\_

Purpose: Holiday GC Payment

Remarks: \_\_\_\_\_

Attachment (If applicable):

- \_\_\_\_ Signed Agreement (signed by executives and consultant)
- \_\_\_\_ TIN IDs and Valid Gov't ID to i.g SSS, PAG-IBIG, PASSPORT, DRIVERS LICENSE (for new consultants)
- \_\_\_\_ Billing statement for the applicable month.
- \_\_\_\_ COR / BIR 2303 FORM
- \_\_\_\_ Receipts/Notarial Copies

## BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

REQUESTED BY:

LYRA JOY BASA  
Name Over Signature/ Date

APPROVED BY:

ATTY. JAYCE LAMSEN  
(Immediate Head)

For incomplete attachment

APPROVED BY:

EXECUTIVE OFFICER:

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