PAYMENT REQUEST FORM		
Date: 11-25-	-2022	Document No.: AFD20161017-001 v.1
Payee: Amount: Branch Name:	REY DAN ORMITA	Date Needed: 1/212-15-2022
Department:	Marketing Department	
Purpose:	Consultation Fee-DECEMBER	
Remarks:	CONSULTATION FEE-graphic artist 0018 4805 2185	
	BDO	
REQUESTED BY:	ખું માર્યાલ Mekaela Consular (Requestor)	
APPROVED BY:	Maseyro' Macel Abejero AVP for Marketing - MCG	
		3 working days upon received of original Payment Request Form. proof that can support your request. This form will be used ract & Permits payments.
FOR ACCOUNTING ONLY		
Accounting Dept:		Finance Dept:
Received by:	Processed by:	Verified By: Approved by:
Name/ Date Requestor Copy	Name/ Date	Name/ Date Name/ Date