PAYMENT REQUEST FORM				
Date Requested:	11-Feb-23	Date Needed:	ASAP	
Mode of Payment: _	Cash	X Check	If the request is above Php 1,	000.00, cheque will be released.
Payee: _	HDMF	Department	Accounting	
Amount:	3,245.75	Expense Type	PAG-IBIG EE LOAN	<u> </u>
Purpose: _	HDMF Loan (VILLARDO)			
Remarks: [DTC HDMF Loan			<u> </u>
- - - -	Attachment (if applicable): Signed Agreement (signed by expended by expense of the signed by exp	g SSS, PAG-IBIG, PASSPORT, D	RIVERS LINCENSE (for ne	ew consultants)
	AILS FOR DIRECT DEPOSIT			
Account Number:				
REQUESTED BY:	ROSANNA BORNEL Name Over Signature/ Date	APPROVED BY:	EUNECE PIN	
		For incomplete att	achedment	
		APPROVED BY:	ATTY. JAENICEN	LAMSEN
			Legal and Opera	tion Heads
	working days upon receipt of original Pay any proof to support your request. This fo	rm will only be used for NON P.		& permits payments.
Accounting Dept:	FOR AC	CCOUNTING ONLY Financ	o Dont:	
Processed by:	Processed by:	Verified By:	е рерс:	Approved by:
Name Over Signature/ Date	Name Over Signature/ Dat	e Name Over Sigr	nature/ Date	Name/ Date
	-		Document No.: AFD20	161017-001 v.3