



PAYMENT REQUEST FORM

Date: 10/25/22

Document No.: AFD20161017-001 v.1

Payee: Leister Reburiano

Date Needed: 1/10/23 ASAP

Amount: 70,000

Branch Name:

Department: Marketing Department

Purpose: Consultation Fee-OCTOBER

Remarks: CONSULTATION FEE-Creative director

006090350221

BDO

REQUESTED BY:

Consular
Mekaela Consular

(Requestor)

APPROVED BY:

Marketing
Macel Abejero

AVP for Marketing - MCG

*Note*Accounting process in payables is 3 working days upon received of original Payment Request Form.
Pls. attached approved quotation or any proof that can support your request. This form will be used
for NON P.O Item such ask base on contract & Permits payments.*

FOR ACCOUNTING ONLY

Accounting Dept:

Received by:

Name/ Date

Requestor Copy

Processed by:

Name/ Date

Finance Dept:

Verified By:

Name/ Date

Approved by:

Name/ Date