



## PAYMENT REQUEST FORM

Date: 11-25-2022

Document No.: AFD20161017-001 v.1

Payee: Carmella Miranda

Date Needed: 12-15-2022

Amount: 15,000

Branch Name:

Department: Marketing Department

Purpose: Consultation Fee-DECEMBER

Remarks: CONSULTATION FEE-graphic artist

5093509770540

Metrobank

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