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:	SSS		Department:	Accountir	og
Amount:	₱	3,110.00	Expense Type:	SSS CONTRIBUT	TION ER
Purpose:	SSS Contribution				
Remarks:	TEQ SSS contribution for the	month of JANUA	RY 2023		
DANK ACCOUNT DO	Attachment (if applicable): Signed Agreement (signed Agreement of the state of the	, /'t ID to i.g SSS, PA he applicable mor	AG-IBIG, PASSPORT, DI	RIVERS LINCENSE (f	or new consultants)
	TAILS FOR DIRECT DEPOSIT				
Account Number:					
REQUESTED BY:	ROSANNA BORNE	L	APPROVED BY:	EUNEC	E PINEDA
	Name Over Signature/	Date		(Immediate Head)	
			For incomplete atto	achedment	
			APPROVED BY:	ATTY. JAEN	IICEN LAMSEN
				Legal and O	peration Heads
Note: Accounting Payables Process is Please attach approved quotation(s) o		•	•		
		FOR ACCOUN	ITING ONLY		
Accounting Dept:			Finance Dept:		
Processed by:	Processed by:				Approved by:
Name Over Signature/ Date	Name Over Signati	ure/ Date	Name Over Sign	ature/ Date	Name/ Date
	Document No.: AFD20161017-00		D20161017-001 v.3		