	PAYMENT REQUEST FO	RM		
Date Requested:	01/30/2023	Date Needed:	FEB 15,2023	_
Mode of Payment:	Cash	X Bank Transfer	If the request is above Php 1,000	0.00, cheque will be released.
Payee:	BRYAN GABRIEL	Department	:	_
Amount: ₱	8,000.00	Expense Type	·	_
Purpose: ACCC	DMODATION			_
STO	DRE VISIT AT DW ABREEZA AND DW CAGAYAN DE ORO			_
Remarks: ACCC	DMODATION 800 PER HEAD x 5 DAYS = 4,000 x2 = 8,000			_ _
	Lungwick		CF	
REQUESTED BY:	BRYAN GABRIEL	APPROVED BY:	CRISTINE TIU SAN	TOS
	Name Over Signature/ Date		(Immediate Head)	
• ,	orking days upon receipt of original Payment Request Form & ny proof to support your request. This form will only be used fo	r NON P.O Item(s) such as		ts.
Accounting Dept:	FOR ACCOUNTING	ONLY Finance Dept:		
Processed by:	Processed by:	Verified By:		Approved by:
Name Over Signature/ Date	Name Over Signature/ Date	Name Over Sig	nature/ Date	Name/ Date
			Document No.: AFD2016	1017-001 v.3