		PAYMENT R	EQUEST FORM	
Date Requested: Requestor's Name: Company: Department/Branch: Amount:	JENIFER RA DIGITS TRAI	PISTA DING CORP.	Date Needed 24-Jan-23  Start:  End: Note: Maximum allowable Date neede request, liquidation is on or before 5 wo	d is 15 working days from date of orking days after completion of purpose.
Detailed Purpose:		DF RETAIL FIRE W/ CGLI INSURANCE - 20 de :AUG 19, 2022 - AUG 19, 2023 / Pol	and the agreement and the second of the seco	
Attachment (please s	specify):	SOA, POLICY FRONT PAGE		
REQUESTED BY:		ENIFERIFAPISTA  or's print name & signature	○ CASH • [	DEPOSIT
	, toquoo.	or o principalities at digital and	BANK ACCOUNT DETAILS FOR DIRE	ECT DEPOSIT
			Bank/Branch: BDC	
			Account Name: STRONGHOLD II	NSURANCE CO., INC.
APPROVED BY:		A	Account Number: 000-33	30-427-997
	Immediate Head Print name		Executive (if applicable)	
<b>Note:</b> Accounting De	epartment proce an support your	ess payables is <b>3 working days</b> upon recei request. This form will be used for <b>NON P</b> .	ved of original Payment Request Form. Plea O item such as contract & permits, meal allo	ase attached approved quotation or any wance, transportation and etc.
		FOR ACCOUN	ITING USE ONLY	2
Accounting Dept:			Finance Department	
Received by:		Processed by:	Verified by:	Approved by:
Print name & s	ignature	Print name & signature	Print name & signature	Drint name & signature
		Time hame a signature	Print name & signature	Print name & signature
				nputation
BASIC PREMIU		912,049.30	BASIC PREMIUM @ 25%	220,916.65
25% of basic pr			Doc Stamp	12.50%
1st installment		471,529.49 (paid 10/14/22)	Vat	12%

Local government Tax

Others

0.20%

220,916.65

Total

220,916.65

220,916.65

206,242.78

1,119,605.57

2nd installment

3rd installment

4th installment

Total

		PAYMI	ENT RE	QUEST FORM		
Date Requested:	17-Jan-23			Date Needed	24-Jan-23	
Requestor's Name:				Start:	24-Jan-23	
Company:	JENIFER RAPISTA DIGITALKS INC		End:	•	<del></del>	
Department/Branch:	IMPORTATIO				Date needed is 15 workin	g days from date of request,
Amount:	7.824.87			liquidation is on or before	5 working days after compl	etion of purpose.
	<del></del>			- 1		
Detailed Purpose: FIRE INSURANCE FOR XIAOMI AYALA CIRCUIT MAKATI & ROBINSODS W UNIDO						
	Inception Date	e : Aug 19, 2021 - August 19, 2022	2	Inclusion to the Policy No.	F0082579	
Attachment (please s	pecify):	SOA, POLICY FRONT PAGE				
REQUESTED BY:		ENIFER RAPISTA		Cash	DEPOSIT	
Requestor's print name & signature					r	
		V		BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT		
				Bank/Branch: Account Name & 2303	Quintin Paredes Bir Malayan Insurance C	<del></del>
		11		Account Number:	057-0078121	,O., (RC.
APPROVED BY:				Account (vullber.	037-0070121	
Immediate Head print name & signature Executive (if applicable)				applicable)		
		ess payables is <b>3 working days</b> u r request. This form will be used fo				
		FOR	ACCOUNT	ING USE ONLY		
Accounting Dept: Finance Department						
Received by:		Processed by:		Verified by:		Approved by:
Print name & signature						
		Print name & signature	)	Print name	& signature	Print name & signature

Computation

	6,175.89
12.50%	771.99
12%	741,11
0.20%	12.35
	123.52
	7,824.87
	12%



			PAYMENT RE	QUEST FOR	M	×
Date Requested: Requestor's Name: Company: Department/Branch: Amount:	19-Jan- JENIFER R DIGITS TR IMPORTAT	RAPISTA ADING CORP.	76	Date Needed Start: End: Note: Maximum request, liquidation	24-Jan-23  allowable Date needed is 15 on is on or before 5 working	working days from date of days after completion of purpo
Detailed Purpose:	RENEWAL	OF COMPREH	ENSIVE MOTOR INSURANCE	FOR 2022 ISUZU (	DLR77 F TILT WITH PLATE	# NE 19004 / UOED   1 0 0 1 7 1
Attachment (please		SOA,	A.		- NET THIN EALE	· ·
REQUESTED BY:		JENIFER RAP		CASH	DEPOS	IT contacts. Washe
APPROVED BY:	/	At/		BANK ACCOUNT Bank/Branch: Account Name: Account Number:	DETAILS FOR DIRECT DE BDO INSURANCÉ BROKI	
<b>Note:</b> Accounting De, proof that cal	nartment proce	Head print nan	2		tive (if applicable)  Request Form. Please attac	thed approved quotation or an
			orm will be used for NON P.O it  FOR ACCOUNTII	om addir da comitaci	& permits, meal allowance,	ransportation and etc.
ccounting Dept:			FOR ACCOUNTIN			
eceived by: Print name & signature		Processed by		Finance Dep Verified by:	artment	Approved by:
Print name & sig				Print name & signature		
Print name & siç		Pri	nt name & signature	Print na	ame & signature	Print name & signature
Print name & sig		Prii	322	Print na	ame & signature	Print name & signature
	Premium Doc Stamp Vat Local govern		Computation  12.50% 12% 0.20%	26,241.19 3,280.15 3,148.94 52.48	ame & signature	Print name & signature

Compu	tation	
Premium		26,241.19
Doc Stamp	12.50%	5. //
Vat		3,280.15
(2)373. N	12%	3,148.94
Local government Tax	0.20%	52.48
Total		32,722,76