PAYMENT REQUEST FORM					
Date Requested	21-Oct-22	Date Needed:	Oct. 26,2022	_	
Mode of Payme <u>nt:</u>	Cashx Bank	transfer Check	If the request is above	Php 1,000.00, cheque will be released.	
Payee:	BRYAN GABRIEL	Department:		_	
Amount: ₽	1,937.75	Expense Type:		Bank: BDO	
Purpose:				_	
POLIC	CE SNACK				
Remarks: AND	BIKE CHAIN FOR STORE US	ED		_	
REQUESTED BY:Na	BRYAN GABRIEL me Over Signature/ Date	APPRO		LD DINGLASAN iate Head)	
Note: Accounting Paya	bles Process is 3 working days	s upon receipt of	original Payment Req	uest Form & complete supporting documents.	
Please attach approved	quotation(s) or any proof to	support your requ	uest. This form will on	nly be used for NON P.O Item(s) such as contracts	
& per	mits payments.				
		FOR ACCOL	JNTING ONLY		
Accounting Dep			Finance Dept:		
Processed by:	Processed by:	Verifie	ed By:	Approved by:	
Name Over Signat	ur Name Over Signatui	e/ Dati Name	Over Signatur	Name/ Date	
			Document No.: AF	D20161017-001 v.3	

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