Date Requested: 07-Mar-23 Date Needed: ASAP Mode of Payment:Cash		PAYME	NT REQUE	ST FORM		
Payee: HDMF	Date Requested:	07-Mar-23		Date Needed:	ASAP	
Amount: P	Mode of Payment:	Cash	Х	Check	If the request is above Ph	o 1,000.00, cheque will be released.
Remarks: AP HDMF LOAN for the month of FEBRUARY2023 Attachment (if applicable): Signed Agreement (signed by executives and consultant) Tin IDs and Ivalid Gov't ID to ig SSS, PAG-IBIG, PASSPORT, DRIVERS LINCENSE (for new consultants) Billing statement for the applicable month. COR / BIR 2303 FORM BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT Bank: Branch: Account Number: REQUESTED BY: REQUESTED	Payee:	HDMF		Department:	Accounting	
Attachment (if applicable): Signed Agreement (signed by executives and consultant) Tin IDs and 1valid Gov't ID to i.g SSS, PAG-IBIG, PASSPORT, DRIVERS LINCENSE (for new consultants) Billing statement for the applicable month. COR / BIR 2303 FORM BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT Bank: Branch: Account Number: REQUESTED BY: ROSANTE DRNEL Name Over-signature/ Date For incomplete attachedment APPROVED BY: ATTY. JAENICEN LAMSEN Legal and Operation Heads Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents. Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments. FOR ACCOUNTING ONLY Accounting Dept: Processed by: Verified By: Approved by: Approved by:	Amount:	₱	513.26	Expense Type:	PAG-IBIG EE LO	AN
Attachment (if applicable): Signed Agreement (signed by executives and consultant) TIN IDs and Ivalid Gov't ID to i.g SSS, PAG-IBIG, PASSPORT, DRIVERS LINCENSE (for new consultants) Billing statement for the applicable month. COR / BIR 2303 FORM BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT Bank: Branch: Account Number: REQUESTED BY: ROSANTA PORNEL Name Over-Signature/ Date APPROVED BY: EUNECE PINEDA (Immediate Head) For incomplete attachedment APPROVED BY: ATTY. JAENICEN LAMSEN Legal and Operation Heads Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents. Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments. FOR ACCOUNTING ONLY ACCOUNTING ONLY Processed by: Verified By: Approved by:	Purpose:	HDMF Loan				
Signed Agreement (signed by executives and consultant) TIN IDs and 1 valid Gov't ID to i.g SSS, PAG-IBIG, PASSPORT, DRIVERS LINCENSE (for new consultants) Billing statement for the applicable month. COR / BIR 2303 FORM BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT Bank: Branch: Account Number: REQUESTED BY: ROSANGA PORNEL Name Over-signature/ Date APPROVED BY: EUNECE PINEDA (Immediate Head) For incomplete attachedment APPROVED BY: ATTY. JAENICEN LAMSEN Legal and Operation Heads Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents. Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments. FOR ACCOUNTING ONLY Accounting Dept: Processed by: Verified By: Approved by: Approved by:	Remarks:	AP HDMF LOAN for the month	of FEBRUARY2	023		
REQUESTED BY: ROSANCA FORNEL Name Over Signature/ Date REQUESTED BY: ROSANCA FORNEL Name Over Signature/ Date REQUESTED BY: ROSANCA FORNEL Name Over Signature/ Date REQUESTED BY:	BANK ACCOUNT DE	Signed Agreement (sig TIN IDs and 1valid Gov Billing statement for th COR / BIR 2303 FORM	t ID to i.g SSS, P	AG-IBIG, PASSPORT, DI	RIVERS LINCENSE (for	new consultants)
REQUESTED BY: REQUESTED BY: ROSANNA FORNEL Name Over-Signature/ Date Request For incomplete attachedment APPROVED BY: ATTY. JAENICEN LAMSEN Legal and Operation Heads Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents. Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments. FOR ACCOUNTING ONLY Accounting Dept: Processed by: RAPPROVED BY: EUNECE PINEDA (Immediate Head) For incomplete attachedment APPROVED BY: FOR ACTION BY: Approved by: Approved by:						
REQUESTED BY: ROSANNA BORNEL Name Over-Signature/ Date Name Over-Signature/ Date ROSANNA BORNEL Name Over-Signa	Branch:					
Name Over-Signature/ Date For incomplete attachedment	Account Number:					
APPROVED BY: ATTY. JAENICEN LAMSEN Legal and Operation Heads Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents. Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments. FOR ACCOUNTING ONLY Accounting Dept: Processed by: Verified By: Approved by:	REQUESTED BY:			APPROVED BY:		
Legal and Operation Heads Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents. Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments. FOR ACCOUNTING ONLY Accounting Dept: Processed by: Finance Dept: Verified By: Approved by:				For incomplete atte	achedment	
Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents. Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments. FOR ACCOUNTING ONLY Accounting Dept: Processed by: Finance Dept: Verified By: Approved by:				APPROVED BY:	ATTY. JAENIC	EN LAMSEN
Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments. FOR ACCOUNTING ONLY Accounting Dept: Processed by: Processed by: Approved by:					Legal and Ope	ration Heads
Accounting Dept: Processed by: Finance Dept: Verified By: Approved by:		or any proof to support your reque	st. This form will	only be used for NON P.C		
Processed by: Processed by: Verified By: Approved by:	Assounting Dont		FOR ACCOU		Dont	
		Processed by:				Approved by:
Name Over Signature/ Date Name Over Signature/ Date Name Over Signature/ Date Name Over Signature/ Date	•	,				
Document No.: AFD20161017-001 v.3	Name Over Signature/ Date	Name Over Signatu	ire/ Date	Name Over Sign		· · ·