	PAYMENT REQU	EST FORM	
Date Requested:	19-Dec-22	Date Needed:	ASAP
Mode of Payment:	CashX Online	Check If to	ne request is above Php 1,000.00, cheque will be released.
Payee:	Bureau of Internal Revenue	Department:	Accounting
Amount:	3,938.99	Expense Type:	TAXES EXPENSES
Purpose:	Payment for 1601C of DIGITAL WALK	R CORP. for the month of S	eptember 2022
	DILL		
Remarks:			
At	ttachment (if applicable): Signed Agreement (signed by executive) TIN IDs and 1valid Gov't ID to i.g SSS, Billing statement for the applicable m	PAG-IBIG, PASSPORT, DRIVE onth.	RS LINCENSE (for new consultants)  ANK OF THE PHILIPPINE ISLANDS
	NILS FOR DIRECT DEPOSIT	Account	: Name: DIGITAL WALKER CORP. : Number: 4043-0781-22
Branch:			
Account Number:			
EQUESTED BY:	Maureen Mae Linssen Dieza Name Over Signature/ Date	APPROVED BY:	(Imprediate Head)
		APPROVED BY:	
			Legal and Operation Heads
	working days upon receipt of original Payment iny proof to support your request. This form w		
	FOR ACCO	UNTING ONLY	
Accounting Dept:		Finance Dept:	
Processed by:	Processed by:	Verified By:	Approved by:
Name Over Signature/ Date	Name Over Signature/ Date	Name Over Signatu	re/ Date Name/ Date
, , , , , , , , , , , , , , , , , , ,		Do	cument No.: AFD20161017-001 v.3