	PAYMENT REQUEST FO	RM		
Date Requested:	01-Feb-23	Date Needed:	FEB 4,2023	_
Mode of Payment:	Cash	X Bank Transfer	If the request is above Php 1,000	.00, cheque will be released.
Payee:	BRYAN GABRIEL	Department	:	_
Amount:	₱ 5,600.00	Expense Type	: <u></u>	_
Purpose:	FOOD AND TRAVEL ALLOWANCE			_
	STORE VISIT AT DW ZAMBOANGA			
Remarks:	FOOD ALLOWANCE 300 x 7 DAYS = 2,100		11	_
REQUESTED BY:	TRAVEL ALLOWANCE 500 x 5 DAYS = 3,500 BRYAN GABRIEL	APPROVED BY:	CRISTING TU SANT	ros
	Name Over Signature/ Date		(Immediate Head)	
- ·	is 3 working days upon receipt of original Payment Request Form & s) or any proof to support your request. This form will only be used fo			rs.
	FOR ACCOUNTING			
Accounting Dept:		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
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