

PAYMENT REQUEST FORM

Date: 3-Mar-23
Payee: Jomark Tamboong
Amount: 1,500.00
Name: Jomark Tamboong
Department: RMA
Purpose: Meal Allowance

Document No.: AFD20161017-001 v.1

Date Needed: 6-Mar-23

Remarks:

Meal Allowance for RMA Sale March 10, 2023

10 Pax X 150

REQUESTED BY:

Jomark Tamboong
(Requestor)

APPROVED BY:

Joy Marie Abrajano
(Immediate Head)

*Note *Accounting process in payables is 3 working days upon received of original Payment Request Form.
Pls. attached approved quotation or any proof that can support your request. This form will be used
for NON P.O Item such as based on contract & Permits payments.*

FOR ACCOUNTING ONLY

Accounting Dept:

Received by:

Name/ Date

Requestor Copy

Processed by:

Name/ Date

Finance Dept:

Verified By:

Name/ Date

Approved by:

Name/ Date