Date Requested: 11-Feb-23   Date Needed: ASAP	PAYMENT REQUEST FORM						
Payee: PHIC Department: Accounting Amount: P 9,925.99 Expense Type: HILHEALTH CONTRIBUTION E  Purpose: Philhealth Contribution  Remarks: BTI Philhealth Cintribution for the month of JANUARY 2023  Attachment (if applicable): Signed Agreement (signed by executives and consultant) TIN Ibs and 1valid Gov't ID to it, gSSS, PAG-iBits, 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: ATTV. 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: Finance Dept: Processed by: Name Over Signature/ Date Name Over Signature/ Date Name Over Signature/ Date Name Over Signature Date	Date Requested:	: 11-Feb-23		Date Needed:	ASAP		
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