

PAYMENT REQUEST FORM

Date: 10-Nov-22 Document No.: AFD20161017-001 v.1
Payee: Jomark Tamboong Date Needed: 13-Oct-22
Amount: 42,000.00
Name: Jomark Tamboong
Department: AFTER SALES (RMA)
Purpose: PCOUNT MEAL ALLOWANCE

Remarks:

RMA PCOUNT MANPOWER MEAL ALLOWANCE
14 Person

REQUESTED BY:

Jomark Tamboong
(Requestor)

APPROVED BY:

Ana Dorothy C. Lacorte
(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

Finance Dept:

Processed by:

Name/ Date

Verified By:

Name/ Date

Approved by:

Name/ Date