	ASAP	If the request is above Ptp 1,000.00, cheque will be released.	E-Comm	SALARIES AND WAGES			NCENSE (for new consultants)				`	EUM-CE-PlyEDA (Inputediate / fead) datent ATTY. JAENYÉN LAMSEN	Legal and Oberation Heads g documents.  uch as contracts & permits payments.		T.	Approved by:	
PAYMENT REQUEST FORM	08-Feb-23 Date Needed:	Cash X Check If th	Gutierrez, Leslie Anne Oliveros Department:	28,738.37 Expense Type:		SUTIERREZ	Attachment (if applicable): Signed Agreement (signed by executives and consultant) TIN IDs and Ivalid Gov't ID to i.g SSS, PAG-IBIG, PASSPORT, DRIVERS LINCENSE (for new consultants) Billing statement for the applicable month. COR / BIR 2303 FORM	R DIRECT DEPOSIT				ROSANINA BORNEL Name Over Signature/ Date For incomplete attachedment APPROVED BY:	Legal and Operation Heads  Note: Accounting Poyables 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	Finance Dept:	Processed by: Verified By:	
	Date Requested:	Mode of Payment:	Рауее: G	Amount: P	Purpose: Last Pay	Remarks: Last Pay_GUTIERREZ	Attachmer Signature Signat	BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT	Bank;	Branch:	Account Number:	REQUESTED BY:	Note: Accounting Payables Process is 3 working do Please attach approved quotation(s) or any proof t		Accounting Dept:	Processed by:	

TYPE:		FINAL PAY COMPUTATION		
NAME:		GUITIERREZ LESLIE ANNE		しトトしト
POSTION	÷	E-Comm Stire Merchandising Associatre		
DEPARTMENT	MENT:	E-CDMM		
COVERE	COVERED PERIOD:	August 16, 2021 - November 19, 2022		TECH CURATOR
		SAS ILCITAGE	AM	AMOUNTS
		TAKICOLARG	Detail	Total
Ą.	Unpaid salary			11,513.64
		Cut off (November 1-15, 2022)	9,146.55	
		Cut off (NOvember 16-19, 2022)	2,367.09	
ъ	13th month pay			15,477,91
		Monthly Basic Pay	17,660.00	/
		Year-to-date basic pay	185,734.92	/
		Divided by 12	15,477.91	/
				/
ပံ	Tax refund (deficit) fo	deficit) for current year		. /
		Year-to-date tax withheld		
		Year-to-date tax due		
		Tax still due/refund		
<u>.</u>	SL/VL Monetization			1,746.82
		SL ( 2.58 days)	1,746.82	
		VL ( 0 days)		
		Total	1,746.82	
ய்	Others			•
				,
			•	
TOTAL				28,738.37

Prepared by:

ROSANNA BORNEL

Approved by:

EUNÉCÉ PINEDA Accounting/Manager

DIGIT		ACCOUNTABILITY CLEARA	NCE FORM	REFEERENCE NO				
DEPARTMENT	E-Commerce		RESIGNATIO	N DATE November 19, 2022	2			
EMPLOYEE NAME	Leslie Anne Gutierrez	POSITION Ecom Merch Associate						
•			-					
EMPLOYEE STATUS	Regular		TYPE OF SEP	ARATION Voluntary (Re	signation)			
DEPARTMENT	DATE RECEIVED	ACCOUNTABILITY	STATUS	CLEARED BY: (DEPT,/ DIV HEAD)	STATUS			
ASSIGNED DEPARTMENT		TURNOVER REPORT		206				
		LOG IN ACCESS		SIGNATURE OVER PRINTED NAME	. <del>V.Q</del>			
SYSTEM DATA MANAGEMENT		CLOSING OF TRANSACTIONS IN BEA		200	with SOR			
INFORMATION SYSTEMS DEPT		E-MAIL ACCOUNT		SIGNATURE OVER PRINTED NAME				
		LOG IN ACCESS						
		PHYSICAL CONDITION OF ASSETS						
BUSINESS PROCESS GROUP		SYSTEMS (e.g. BEA, DMPS, DMRS,		SIGNATURE OVER PRINTED NAME				
		IMFS, etc)		SIGNATURE OVER PRINTED NAME				
ADMINISTRATION DEPT		SIM CARD	/	10	SOR No:			
		LAPTOP		# /	550000676			
		MOBILE PHONE	and a find a	( Latin	and 550000650			
		ASSETS	( ) ( )		330000030			
		KEYS	DEC 16, 2022	SIGNATURE OVER PRINTED NAME				
ACCOUNTING DEPT		VOUCHER						
		AUTOMATIC DEDUCTIONS						
		PURCHASES	NO BEA RECORD	apin l.				
		CHARGES						
		PETTY CASH		SIGNATURE OVER PRINTED NAME				
AUDIT DEPARTMENT		DEDUCTIONS		SIGNATURE OVER PRINTED NAME	5			
HUMAN RESOURCES DEPT		COMPANY ID						
		RESIGNATION LETTER						
		UNIFORM						
		SSS LOAN						
		HDMF LOAN						
		SECURITY BANK LOAN						
		EXIT INTERVIEW						
		GPA INSURANCE						
		HMO INSURANCE		SIGNATURE OVER PRINTED NAME				
	an employee of (compar	ny namo)	With this I am liabl	e for all the responsibilities	listed shows as it is			

GPA INSURANCE

HMO INSURANCE

With this, I am liable for all the responsibilities listed above as it is under my possession. Any loss/ damage pertaining to this matter shall be charged from my last pay. Upon separation, I also understand that I have an on-going responsibility to maintain the confidentiality of the company information.

Leslie Ann Gutierrez

09065579118

11/21/2022

Employee's signature over Printed name

Employee Mobile Number

Date Completed

