

## PAYMENT REQUEST FORM

Date: 29-Nov-22  
Payee: Jomark Tamboong  
Amount: 2,500.00  
Name: Jomark Tamboong  
Department: AFTER SALES (RMA)  
Purpose: HAULING PAYMENT

Document No.: **AFD20161017-001 v.1**

Date Needed: 5-Dec-22

**Remarks:**

2,500 HAULING PAYMENT FOR NON ELECTRONICS / ASSTD WASTE FOR DISPOSAL

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