



PAYMENT REQUEST FORM

Date: 10/08/22

Document No.: AFD20161017-001 v.1

Payee: Levi Mae V. Mora

Date Needed: 10/10/22

Amount: 10,000.00

Branch Name: _____

Department: Marketing Department

Purpose: Copywriter Fee

Remarks: _____

Copywriter fee

0025 3013 7974

BDO

REQUESTED BY:

Mekaela Consular

(Requestor)

APPROVED BY:

Macel Abejero

AVP for Marketing - MCG

*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 ask base 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