PAYMENT REQUEST FORM					
Date:		01/08/2022	Doc	cument No.:	
Payee:		Lyra Joy Rara	Dat	e Needed:	ASAP
Amount:		9,843.75			
Branch Name:					
Department:		HR			
Purpose:		DLSU Job Fair			
Remarks	:				
	What:	DLSU Job Fair Payment			
	Bank:	BDO			
	Account Number: 006580140193				
	Payee: Lyra Joy Rara				
REQUESTED BY:		Lyra/Joy	γ Rara	NOTED BY:	Att : Desicen Lamsen
APPROVED BY:		HR Of	ficer		Division Manager, UR and Legal
		Human Resources Manager			
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: Finance Dept:					
Received by:		Processed by:	Verified By:		Approved by:
Name/ Date		Name/ Date	Name/ Date		Name/ Date
Requestor Copy					