



PAYMENT REQUEST FORM

Date: 10/20/22

Document No.: AFD20161017-001 v.1

Payee: Leister Reburiano

Date Needed: 1/10/11/5/22

Amount: 70,000.00

Branch Name:

Department: Marketing Department

Purpose: Consultation Fee

Remarks: CONSULTATION FEE-CREATIVE DIRECTOR

006090350221

BDO

REQUESTED BY:

Consular
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

Processed by:

Name/ Date

Finance Dept:

Verified By:

Name/ Date

Approved by:

Name/ Date