

PAYMENT REQUEST FORM

Date Requested: 08-Feb-23 Date Needed: ASAP

Mode of Payment: Cash X Check If the request is above Php 1,000.00, cheque will be released.

Payee: Yap, Franco Rafael Padilla Department: Brand

Amount: ₱ 20,125.76 Expense Type: SALARIES AND WAGES

Purpose: Last Pay

Remarks: Last Pay\_YAP

Attachment (if applicable):

- Signed Agreement (signed by executives and consultant)
- TIN IDs and 1 valid 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

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank:

Branch:

Account Number:

REQUESTED BY:

ROSANNA BORNEL  
Name Over Signature/ Date

APPROVED BY:

EUNECE PINEDA  
(Immediate Head)  
For incomplete attachedment

APPROVED BY: ATTY. JAENICEN LAMSEN  
Legal and Operation Heads

Note: Accounting Payables 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

Accounting Dept:		Finance Dept:	
Processed by:	Processed by:	Verified By:	Approved by:
Name Over Signature/ Date	Name Over Signature/ Date	Name Over Signature/ Date	Name/ Date
Document No.: AFD20161017-001 v.3			



## ACCOUNTABILITY CLEARANCE FORM

REFERENCE NO \_\_\_\_\_

DEPARTMENT BRAND



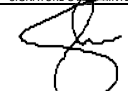





EMPLOYEE NAME Franco Rafael P. Yap

EMPLOYEE STATUS For Clearance

RESIGNATION DATE September 23, 2022

POSITION Marketing Specialist

TYPE OF SEPARATION Resign

DEPARTMENT	DATE RECEIVED	ACCOUNTABILITY	STATUS	CLEARED BY: (DEPT/ DIV HEAD)	STATUS
ASSIGNED DEPARTMENT	<u>2022-11-18</u>	TURNOVER REPORT	<u>done</u>	 SIGNATURE OVER PRINTED NAME	
	<u>2022-11-08</u>	LOG IN ACCESS	<u>done</u>		
SYSTEM DATA MANAGEMENT		CLOSING OF TRANSACTIONS IN BEA		 SIGNATURE OVER PRINTED NAME	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, IMFS, etc...)		 SIGNATURE OVER PRINTED NAME	
ADMINISTRATION DEPT		SIM CARD		 SIGNATURE OVER PRINTED NAME	SOR No: 550000652
		LAPTOP			
		MOBILE PHONE			
		ASSETS			
		KEYS	DEC 16, 2022		
ACCOUNTING DEPT		VOUCHER		 SIGNATURE OVER PRINTED NAME	
		AUTOMATIC DEDUCTIONS			
		PURCHASES	NO BEA RECORD		
		CHARGES			
		PETTY CASH			
AUDIT DEPARTMENT		DEDUCTIONS		 SIGNATURE OVER PRINTED NAME	
HUMAN RESOURCES DEPT		COMPANY ID		 SIGNATURE OVER PRINTED NAME	
		RESIGNATION LETTER			
		UNIFORM			
		SSS LOAN			
		HDMF LOAN			
		SECURITY BANK LOAN			
		EXIT INTERVIEW			
		GPA INSURANCE			
		HMO INSURANCE			

I hereby affirm that I have been an employee of (company name) \_\_\_\_\_. 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.

  
Franco Rafael P. Yap

0999 705 3152

Employee's signature over Printed name

Employee Mobile Number

Date Completed

DIGITS

TECH CURATORS



*Franco*

FRANCO

Yap, Franco Rafael P.

DT-10001406