PAYMENT REQUEST FORM					
Date Requested:	07-Mar-23		Date Needed:	ASAP	
Mode of Payment:	Cash	X	Check	If the request is above Php 1	,000.00, cheque will be released.
Payee:	HDMF		Department:	Accounting	
Amount:	₽	1,000.00	Expense Type:	PAG-IBIG CONTRIBUTION	ON ER
Purpose:	HDMF Contribution				
Remarks:	DWC HDMF Contribution for t	he month of FEI	BRUARY 2023		<u> </u>
BANK ACCOUNT DE	Attachment (if applicable): Signed Agreement (sig TIN IDs and 1valid Gov Billing statement for th COR / BIR 2303 FORM ETAILS FOR DIRECT DEPOSIT	t ID to i.g SSS, P	AG-IBIG, PASSPORT, D	RIVERS LINCENSE (for n	ew consultants)
Account Number:	·				
REQUESTED BY:	ROSANNA BORNEI Name Over Signature/		APPROVED BY:	EUNECE PINEDA (Immediate Head)	
		For incomplete attachedment			
			APPROVED BY:	Legal and Opera	
Note: Accounting Payables Process is Please attach approved quotation(s) (or any proof to support your reque	st. This form will			s & permits payments.
Accounting Dept:			Finance	e Dept:	
Processed by:	Processed by:		Verified By:	-	Approved by:
Name Over Signature/ Date	Name Over Signatu	ire/ Date	Name Over Sign	ature/ Date	Name/ Date
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