

PAYMENT REQUEST FORM

Date Requested: 01-23-2023

Date Needed: _____

Mode of Payment: ☒ Cash

☒ Check

If the request is above Php 1,000.00, cheque will be released.

Payee: HECTOR PANGULAYARI

Department: Admin

Amount: 5,684.00

Expense Type: _____

Purpose: PERM MINERAL WATER @
AQUABEST FROM THE MONTH OF
DECEMBER 2022. THE AMOUNT OF
FIVE THOUSAND SIX HUNDRED AND
EBHTY FOUR PESOS ONLY.

Remarks: _____

Attachment (if applicable):

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

Name: _____

Account Number: _____

REQUESTED BY:

MARTIN OUMAS 1-23-23
Name Over Signature/ Date

APPROVED BY:

[Signature]
(Immediate Head)

For incomplete attachment

APPROVED BY:

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:

Processed by:

Name Over Signature/ Date

Finance Dept:

Processed by:

Name Over Signature/ Date

Verified By:

Name Over Signature/ Date

Approved by:

Name/ Date

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