	PAYMENT REQUEST FOR	М		
Date Requested:	07-Feb-23	Date Needed:	ASAP	
Mode of Payment:	Cash	X Bank Transfer	If the request is above Php 1,000	00, cheque will be released.
Payee:	SHALIE COLORICO	Department	:	
Amount:	₱ 5,600.00	Expense Type	·	
Purpose:	ACCOMODATION AND TRAVEL ALLOWANCE TO DW KCC ZAMBOA	GA		
	SHALIE COLORICO ACTING STOREHEAD AT DW ZAMBOANGA			
Remarks:	3,000- ACCOMODATION - 2,600 MEAL ALLOWANCE			
REQUESTED BY:	BRYAN GABRIEL	APPROVED BY:	CRISTINE TIU SANT	os
	Name Over Signature/ Date		(Immediate Head)	
	is 3 working days upon receipt of original Payment Request Form & comp or any proof to support your request. This form will only be used for NOI FOR ACCOUNTING	N P.O Item(s) such as conti		
Accounting Dept:	Finance Dept:			
Processed by:	Processed by:	Verified By:		Approved by:
Name Over Signature/ Date	Name Over Signature/ Date	Name Over Sig	nature/ Date	Name/ Date
			Document No.: AFD20161	017-001 v.3