Date Requested:	17-Mar-23		Date Needed:	ASAP	<u> </u>
Mode of Payment:	Cash	X	Check	If the request is above Php 1,000	.00, cheque will be released
Payee:	SSS		Department:	Accounting	<u> </u>
Amount:	₽	669.11	Expense Type:	SSS EE LOAN	<u> </u>
Purpose:	SSS Loan				_
Remarks:	AP SSS Loan for the month of	FEBRUARY 2023	3		<del>_</del>
DANK ACCOUNT DE	Billing statement for th COR / BIR 2303 FORM	't ID to i.g SSS, F	AG-IBIG, PASSPORT, DI	RIVERS LINCENSE (for new o	consultants)
	TAILS FOR DIRECT DEPOSIT				
Branch:					
Account Number:					
EQUESTED BY:	ROSANNA/BORNEL		APPROVED BY:	EUNECE PINED	Α
	Name Over Signature/ I	Date	For incomplete atte	(Immediate Head) achedment	
			APPROVED BY:	ATTY. JAENICEN LA	MSEN
				Legal and Operation	n Heads
lote: Accounting Payables Process is a locate attach approved quotation(s) o	r any proof to support your reque	st. This form will	only be used for NON P.C		permits payments.
	1				
Accounting Dent:		FOR ACCOU		P Dent:	
Accounting Dept: Processed by:	Processed by:	FOR ACCOU	Finance Verified By:	e Dept:	Approved by: