Date Requested: 11-Feb-23	PAYMENT REQUEST FORM						
Payee: PHIC Department: Accounting Amount: P 826.40 Expense Type: HILHEALTH CONTRIBUTION E Purpose: Philhealth Contribution Remarks: TEQ Philhealth Cintribution for the month of JANUARY 2023 Attachment (if applicable): Signed Agreement (signed by executives and consultant) TIN IDS and I valid Gov't ID to ig 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: Account Number: Account Number: Account Payer Signature Date For incomplete attachedment 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: Verified By: Approved by:	Date Requested:	11-Feb-23		Date Needed:	ASAP		
Amount: P 826.40 Expense Type: HILHEALTH CONTRIBUTION E Purpose: Philhealth Contribution Remarks: TEQ Philhealth Cintribution for the month of JANUARY 2023 Attachment (if applicable):	Mode of Payment:	Cash	X	Check	If the request is above Pi	hp 1,000.00, cheque will be released.	
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Branch: REQUESTED BY: ROSANNA PORNEL APPROVED BY: EUNECE PINEDA (Immediate Head)	PANK ACCOUNT D	Signed Agreement (sign TIN IDs and 1valid Gov' Billing statement for the COR / BIR 2303 FORM	t ID to i.g SSS, P	AG-IBIG, PASSPORT, D	PRIVERS LINCENSE (fo	r new consultants)	
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