

PAYMENT REQUEST FORM

Date Requested: 06-Jan-23
 Requestor's Name: JENIFER RAPISTA
 Company: DIGITS TRADING CORP
 Department/Branch: IMPORTATION DEPT
 Amount: 10,200.00

Date Needed 16-Jan-23
 Start: _____
 End: _____
Note: Maximum allowable Date needed is 15 working days from date of request, liquidation is on or before 5 working days after completion of purpose.

Detailed Purpose: Renewal for OMB IMPORTER FOR DIGITS TRADING CORP. FEB 2023

Attachment (please specify): Approval screenshot, Previous permit

REQUESTED BY: JENIFER RAPISTA
 Requestor's print name & signature

☐ CASH ☒ DEPOSIT

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank/Branch: BDO
 Account Name: JENIFER RAPISTA
 Account Number: 006580144946

APPROVED BY: _____
 Immediate Head print name & signature

Executive (if applicable)

Note: Accounting Department process payables is **3 working days** upon received of original Payment Request Form. Please attached approved quotation or any proof that can support your request. This form will be used for **NON P.O** item such as contract & permits, meal allowance, transportation and etc.

| FOR ACCOUNTING USE ONLY | | | |
|--|---|--|--|
| Accounting Dept: | Finance Department | | |
| Received by: _____ Print name & signature | Processed by: _____ Print name & signature | Verified by: _____ Print name & signature | Approved by: _____ Print name & signature |

| KIND OF PERMIT | Store | Expiry Date | Permit NO | PERMIT FEE |
|----------------|----------------------|-------------------|--------------|------------|
| OMB | DIGITS TRADING CORP. | February 23, 2023 | ISD-22-02650 | 10,200.00 |
| TOTAL: | | | | 10,200.00 |