



## PAYMENT REQUEST FORM

Date: October 17, 2022  
Payee: Lyra Joy Rara  
Amount: 30,000.00  
Branch Name: \_\_\_\_\_  
Department: HR  
Purpose: Halloween Event

Document No.: \_\_\_\_\_  
Date Needed: ASAP

**Remarks:**

What: Halloween Event

Bank: BDO

Account Number: 006580140193

Payee: Lyra Joy Rara

REQUESTED BY:

Lyra Joy Rara  
HR Officer

NOTED BY:

Atty. Leticia Lamsen  
Division Manager

APPROVED BY:

Reina Sarah Villegas  
HR Manager

*Note\*Accounting process in payables is 3 working days upon received of original Payment Request Form.  
Pls. attached approved quotation or any proof that can support your request. This form will be used  
for NON P.O Item such ask base on contract & Permits payments.*

### FOR ACCOUNTING ONLY

**Accounting Dept:**

Received by:

Name/ Date

*Requestor Copy*

Processed by:

Name/ Date

**Finance Dept:**

Verified By:

Name/ Date

Approved by:

Name/ Date