

PAYMENT REQUEST FORM

Date Requested: 09-Mar-23

Date Needed: ASAP

Mode of Payment: Cash

X Check

If the request is above Php 1,000.00, cheque will be released.

Payee: PHIC

Department: Accounting

Amount: ₱ 153,987.33

Expense Type: HILHEALTH CONTRIBUTION E

Purpose: Philhealth Contribution

Remarks: DTC Philhealth Contribution for the month of FEBRUARY 2023

Attachment (if applicable):

Signed Agreement (signed by executives and consultant)

TIN IDs and 1 valid Gov't ID to i.g SSS, PAG-IBIG, PASSPORT, DRIVERS LICENSE (for new consultants)

Billing statement for the applicable month.

COR / BIR 2303 FORM

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank:

Branch:

Account Number:

REQUESTED BY:

ROSANNA BORNEL

Name Over Signature/ Date

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:

Processed by:

Name Over Signature/ Date

Finance Dept:

Processed by:

Name Over Signature/ Date

Verified By:

Name Over Signature/ Date

Approved by:

Name/ Date

Document No.: AFD20161017-001 v.3