	PAYM	ENT REQUEST FORM
Date:	10/20/22	Document No.: AFD20161017-001 v.1
Payee: Amount: Branch Name:	Jayson Paul Remo Gutierrez	Date Needed: <u>1/L<sub>0</sub>/11/15/22</u> I
Department:	Marketing Department	
Purpose:	Consultation Fee	
Remarks:	CONSULTATION FEE-GRAPHIC ARTIST	T
_	BDO	<u>.                                      </u>
REQUESTED BY:	Consular Mekaela Consular (Requestor)	
APPROVED BY:	Milatyrof  Macel Abeiero  AVP for Marketing - MCG	
		3 working days upon received of original Payment Request Form. proof that can support your request. This form will be used act & Permits payments.
FOR ACCOUNTING ONLY		
Accounting Dept:		Finance Dept:
Received by:	Processed by:	Verified By: Approved by:
Name/ Date	Name/ Date	Name/ Date Name/ Date
Requestor Copy		