Name Over Signature/ Date    For incomplete attachedment	PAYMENT REQUEST FORM						
Payee: PHIC Department: Accounting  Amount: P 153,987.33 Expense Type: HILHEALTH CONTRIBUTION E  Purpose: Philhealth Contribution  Remarks: DTC Philhealth Citribution for the month of FEBRUARY 2023  Attachment (if applicable): Signed Agreement (signed by executives and consultant) TIN IDs and 1valid Gov't 10 to it, gSSS, 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:  REQUESTED BY: ROSANGAGORNEL Name Over Signature/ Date  Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete susporting 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: Verified By: Name Over Signature/ Date Name/ Date  Name Over Signature/ Date  Name Over Signature/ Date  Name Over Signature/ Date  Name Over Signature/ Date  Name Date  Name Over Signature/ Date  Name Date	Date Requested:	: 09-Mar-23		Date Needed:	ASAP		
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Accounting Dept: Processed by:  Name Over Signature/ Date  Finance Dept:  Verified By:  Name Over Signature/ Date  Name Over Signature/ Date  Name Over Signature/ Date	• '	or any proof to support your request. T	his form will o	only be used for NON P.			
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