PAYMENT REQUEST FORM			
Date:	09/22/2022	Document No.: AFD20161017-001 v.1	
Payee:	John Gabriel Villa	Date Needed:	10/6/2027
Amount:	P50,000.00		
Branch Name:			
Department:			
Purpose:	EVENT CASH ADVANCE - Expense	es	
Remarks:			
_	Event Cash Advance		
-			
REQUESTED BY:	John Gabriel Villa		
	(Requestor)		
APPROVEB BY:	Macel Abejero		
	(Immediate Head)		
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:	Finance Dept:		
Received by:	Processed by:	Verified By:	Approved by:
Name/ Date	Name/ Date	Name/ Date	Name/ Date
Requestor Copy			