1		PAYN	MENT REQ	UEST FORM		
Date Requested: Requestor's Name Company: Department/Branc Amount:	JENIFER DGNATIO	12-Aug-22 ENIFER KAPISTA GNATION INC. MPORTATION DEPT 6,984.00		Date Needed Start: End: Note: Maximum allowable liquidation is on or before	22-Aug-22 Date needed is 15 working days after comp	ng days from date of request, detion of purpose.
Detailed Purpose:	New and	Renewal for OMB FOR DGNATION IN	C BRANCHES S	EPTEMBER 2022		
	RENEWA	L : DW SM CEBU AND DW AYALA CE	BU			····
	NEW APP	LICATION: DW KCC MALL ZAMBOAN	√GA			
Attachment (pleas	se specify);	Approval screenshot, Previous permit	····			
REQUESTED BY:		JENITAK I APISTA equestor's print name & signature		CASH •	DEPOSIT	
				BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT Bank/Branch: BDO Account Name: JENIFER RAPISTA Account Number: 006580144946		
		ediate Head print name & signature	·		if applicable)	 -
	g Department p support yo	rocess payables is 3 working days upon re nur request. This form will be used for NO .	rceived of original N P.O item such as RACCOUNTING	Payment Request Form. Plec contract & permits, meal all USE ONLY		tation or any proof that can ad etc.
Note: Accounting	g Department p support yo	rocess payables is 3 working days upon re our request. This form will be used for NO . FOR	TV 1:0 Hem such us	Payment Request Form. Pleo contract & permits, meal all USE ONLY Finance Department		tation or any proof that can ad etc.
Note: Accounting	g Department p support yo	process payables is 3 working days upon remover request. This form will be used for NO. FOR Processed by:	ACCOUNTING	Payment Request Form. Plec contract & permits, meal all USE ONLY		nation or any proof that can ad etc. Approved by:
Note: Accounting Accounting Dept: Received by:	g Department p support yo	rocess payables is 3 working days upon re our request. This form will be used for NO . FOR	ACCOUNTING	Payment Request Form. Please contract & permits, meal all USE ONLY Finance Department Verified by:		ad etc.
Note: Accounting Accounting Dept: Received by:	g Department p support yo	process payables is 3 working days upon remover request. This form will be used for NO. FOR Processed by:	ACCOUNTING	Payment Request Form. Please contract & permits, meal all USE ONLY Finance Department Verified by:	ise attached approved qua lowance, transportation at	Approved by:
Note: Accounting Accounting Dept: Accoived by:	Department programment year support year year year support year year support year year year year year year year year	Processed by: Print name & signature	Expiry	Payment Request Form. Plea contract & permits, meal all USE ONLY Finance Department Verified by:	ase attached approved qua lowance, transportation at the signature	Approved by:
Note: Accounting Accounting Dept: Accoived by:	Example 2 Department possipport year support year year support year year support year year year year year year year year	Processed by: Print name & signature Store	EXPIRE EXPIRE	Payment Request Form. Please contract & permits, meal all USE ONLY Finance Department Verified by: Print name Permit NO	ese attached approved qualowance, transportation at & signature	Approved by:
Note: Accounting Accounting Dept: Received by: Print name & s	Experiment provides the support year year support year year support year year year year year year year year	Processed by: Print name & signature Store DW SM CEBU	Expiry Date 9/15/2022 9/11/2022	Payment Request Form. Please contract & permits, meal all USE ONLY Finance Department Verified by: Print name Permit NO RSD-21-06247	ese attached approved qualowance, transportation at & signature PERMIT FEE 2050	Approved by:
Note: Accounting Accounting Dept: Received by:	Experiment provides the support year year support year year support year year year year year year year year	Processed by: Print name & signature Store DW SM CEBU DW AYALA CEBU	Expiry Date 9/15/2022 9/11/2022	Payment Request Form. Please contract & permits, meal all USE ONLY Finance Department Verified by: Print name Permit NO RSD-21-06247 RSD 21-06206	& signature PERMIT FEE 2050 2050	Approved by:

Business Details

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Application Type

Application APP-0822-000151

Business Registration

Business / Trade Name

DIGITAL WALKER SM CEBU

Nature of Business

RETAILER

Jo edd

Business Address SMCC, 228, NORTHWING CYBERZONE, SM CEBU CITY NORTH RECLAMATION AREA, MABOLO, CEBU, 6000

Organisation Corporation

Registration

Number

Registration CS202050638 Number

763-676-229

Z

SSS Number NA

Contact Details

Landline Number/s

Fax Number/s

Email Address Mobile Number/s

Type Of Organisation

Website

86543561

09952561585

Jeniferrapista@digits.ph

Corporation

Z

Applicant Details

Applicant Position

President

Name or Corporate Applicant Name/s

HOWARD PAW

Documents

Assessment)

Reg. & Lic.

Select Assessment to Process

Others - Retailer - STORAGE DEVICES updated

ASST-0822-000167 - Updated

Select Payment Method

Select Payment Method

Fee Type

LICENSING

Amount

License Fee (Annual)

2000

LEGAL

Clearance

Total Amount

2050

Business Details

Number Application APP-0822-000152

Business / Trade Name Application Type DIGITAL WALKER AYALA CENTER CEBU

Business Registration

Nature of Business RETAILER

Business Address 3/F, STALL E319, AYALA CENTER CEBU, , CEBU BUSINESS PARK, BARRIO LUZ,, CEBU CITY, 6000

Organisation Type Of Corporation

Registration

SEC Number

Registration CS202050638

763-676-229

Į

Number

SSS Number NA

Contact Details

Landline Number/s

86543561

Emaii Address Mobile Number/s Fax Number/s

09952561585

Type Of Organisation

Website

Jeniferrapista@digits.ph

Corporation

Applicant Details

Applicant Position

Applicant Name/s or Corporate

HOWARD PAW

Documents

Assessment)

Reg. & Lic.

Select Assessment to Process

Others - Retailer - STORAGE DEVICES updated

ASST-0822-000168 - Updated

Select Payment Method

Select Payment Method

Fee Type

Amount

LICENSING

License Fee (Annual)

2000

LEGAL

Clearance

Total Amount

2050

Business Details

Application APP-0822-000164

Application

Business / Trade Name DIGITAL WALKER KCC MALL ZAMBOANGA

Business Registration

Business Nature of

RETAILER

2ND , FLOOR, KCC MALL DE ZAMBOANGA GOVERNOR, CAMINS AVENUE CAMINO NUEVO,ZAMBOANGA CITY, ZAMBOANGA DEL SUR, 7000

Business Address

Organisation Type Of Corporation

Registration

Number

Sinc

Number Registration CS202050638

763-676-229

SSS Number NA

Contact Details

Landline Number/s

Fax Number/s

Type Of Organisation

09952561585

Ž 86543561

Email Address

Website

Mobile Number/s

Š

Corporation

Jeniferrapista@digits.ph

Applicant Details

Applicant Position

or Corporate Applicant Name/s

Name

President

Documents Assessment Reg. & Lic.

Select Assessment to Process

Others - Retailer - STORAGE DEVICES updated

ASST-0822-000180 - Updated

Select Payment Method

Select Payment Method

LICENSING ree Type

Amount

Registration Fee (One-Time)

500

2334

55

Total Amount

Clearance

LEGAL

License Fee (Annual)

2884

HOWARD PAW