PAYMENT REQUEST FORM						
Date Requested:	: 11-Feb-23		Date Needed:	ASAP		
Mode of Payment:	: Cash	X	Check	If the request is above Ph	np 1,000.00, cheque will be released.	
Payee:	: SSS		Department:	Accounting	<u> </u>	
Amount:	. ₱	518,800.00	Expense Type:	SSS CONTRIBUTION	ON ER	
Purpose:	SSS Contribution					
Remarks:	DTC SSS contribution for the month of JANUARY 2023					
BANK ACCOUNT DI	Attachment (if applicable): Signed Agreement (s TIN IDs and 1valid Go Billing statement for COR / BIR 2303 FORM	ov't ID to i.g SSS, P the applicable mo	AG-IBIG, PASSPORT, DI	RIVERS LINCENSE (fo	r new consultants)	
	:					
Branch:	:					
Account Number:						
REQUESTED BY:	ROSAMNA BORNEL Name Over Signature/ Date		APPROVED BY:	EUNECE PINEDA (Immediate Head)		
			For incomplete atte			
			APPROVED BY:	ATTY. JAENICEN LAMSEN Legal and Operation Heads		
Note: Accounting Payables Process is Please attach approved quotation(s)	•	uest. This form will	•			
Accounting Dept:	<u> </u>	I OR ACCOUNT	Finance	Dent:		
Processed by:	Processed by:		Verified By:		Approved by:	
Name Over Signature/ Date	Name Over Signa	ture/ Date	Name Over Sign	ature/ Date	Name/ Date	
-				Document No.: AFD	020161017-001 v.3	