

PAYMENT REQUEST FORM

Date: 20-Dec-22
Payee: Jomark Tamboong
Amount: 2,028.00
Name: Jomark Tamboong
Department: RMA / PURCHASING
Purpose: TEAM BLDG / XMAS DINNER

Document No.: **AFD20161017-001 v.1**

Date Needed: 22-Dec-22

Remarks:

RMA / PURCHASING CHRISTMAS DINNER AND TEAM BUILDING
9 PAX - 500 EACH

SURNAME	FIRST NAME	DEPARTMENT	AMOUNT
SEGUI	JANRIQUE	PURCHASING	500.00
PEÑEDA	OLIVER	PURCHASING	500.00
CORRAL	LEONARDO	PURCHASING	500.00
CABUEN	NORELYN	PURCHASING	500.00
TAMBOONG	JOMARK	RMA	500.00
SEVILLA	JAN FRANZ JOSEF	RMA	500.00
HERMIDA	REYMUND	RMA	500.00
GERASMIO	ALDRIN JUSTIN	RMA	500.00
DACILLO	REYNALDO	RMA	500.00
			4,500.00

REQUESTED BY: Jomark Tamboong
(Requestor)

APPROVED BY: Ana Dorothy C. Lacorte
(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 as based on contract & Permits payments.*

FOR ACCOUNTING ONLY

Accounting Dept:

Received by:

Name/ Date

Requestor Copy

Finance Dept:

Processed by:

Name/ Date

Verified By:

Name/ Date

Approved by:

Name/ Date