

PAYMENT REQUEST FORM

Date Requested: 07-Oct-22
 Requestor's Name: JENIFER RAPISTA
 Company: DIGITS TRADING CORP.
 Department/Branch: IMPORTATION DEPT
 Amount: 471,529.49

Date Needed: 12-Oct-22
 Start: _____
 End: _____

Note: Maximum allowable Date needed is 15 working days from date of request, liquidation is on or before 5 working days after completion of purpose.

Detailed Purpose: RENEWAL OF RETAIL FIRE W/ CGLI INSURANCE

Inception Date :AUG 19, 2022 - AUG 19, 2023 / Policy No. F-HO-0339231

Attachment (please specify): SOA, POLICY FRONT PAGE

REQUESTED BY:

JENIFER RAPISTA

Requestor's print name & signature

☐ CASH

☒ DEPOSIT

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank/Branch: BDO

Account Name: STRONGHOLD INSURANCE CO., INC.

Account Number: 000-330-427-997

APPROVED BY:

Immediate Head print name & signature

Executive (if applicable)

Note: Accounting Department process payables is 3 working days upon received of original Payment Request Form. Please attached approved quotation or any proof that can support your request. This form will be used for NON P.O item such as contract & permits, meal allowance, transportation and etc.

FOR ACCOUNTING USE ONLY

Accounting Dept:	Finance Department		
Received by: _____ Print name & signature	Processed by: _____ Print name & signature	Verified by: _____ Print name & signature	Approved by: _____ Print name & signature

BASIC PREMIUM: 912,049.30
25% of basic premium
 1st installment 228,012.33
 2nd installment 228,012.33
 3rd installment 228,012.33
 4th installment 228,012.33

Computation

BASIC PREMIUM @ 25%	228,012.33
Doc Stamp	12.50% 114,006.16
Vat	12% 109,445.92
Local government Tax	0.20% 1,824.10
Others	18,240.99
Total	471,529.49