PAYMENT REQUEST FORM					
Date Requested:	14-Mar-23		Date Needed:	ASAP	
Mode of Payment:	Cash	<u>x</u>	Check	If the request is above	Php 1,000.00, cheque will be released.
Payee:	SSS		Department:	Accountir	ng
Amount:	₱	32,220.00	Expense Type:	SSS CONTRIBUT	TION ER
Purpose:	SSS CONTRIBUTION				
Remarks:	BTI SSS contribution for the m	onth of FEBRUAI	RY 2023		
	Attachment (if applicable):  Signed Agreement (sign TIN IDs and 1valid Gov Billing statement for th COR / BIR 2303 FORM	t ID to i.g SSS, PA	G-IBIG, PASSPORT, DI	RIVERS LINCENSE (f	or new consultants)
	TAILS FOR DIRECT DEPOSIT				
Di ancii.					
Account Number:					
REQUESTED BY:	ROSANNA BORNEL		APPROVED BY:	EUNEC	E PINEDA
	Name Over Signature/ I	Date		(Immediate Head)	
			For incomplete atto	achedment	
			APPROVED BY:	ATTY. JAENICEN LAMSEN	
				Legal and O	peration Heads
Note: Accounting Payables Process is Please attach approved quotation(s) o			•		
		FOR ACCOUN	ITING ONLY		
Accounting Dept:			Finance Dept:		
Processed by:	Processed by:				Approved by:
Name Over Signature/ Date	Name Over Signatu	re/ Date	Name Over Sign	ature/ Date	Name/ Date
		<del></del>		Document No.: Al	FD20161017-001 v.3