



## PAYMENT REQUEST FORM

Date: July 27, 2022  
Payee: Lyra Joy Rara  
Amount: 2,000.00  
Branch Name: \_\_\_\_\_  
Department: HR  
Purpose: Medicine Allowance

Document No.: \_\_\_\_\_  
Date Needed: ASAP

### Remarks:

What: Medicine Supplies for office - Biogesic, Medicol, Salonpas, Strepsil, Mefenamic Acid, Bioflu, Neozep  
Bank: BDO  
Account Number: 006580140193  
Payee: Lyra Joy Rara

REQUESTED BY:

Lyra Joy Rara  
HR Officer

NOTED BY:

Atty. Jaeniden Laminan  
Division Manager

APPROVED BY:

Leina Sarah Villegas  
HR Manager

*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 ask base on contract & Permits payments.*

### FOR ACCOUNTING ONLY

#### Accounting Dept:

Received by:

Name/ Date

*Requestor Copy*

Processed by:

Name/ Date

#### Finance Dept:

Verified By:

Name/ Date

Approved by:

Name/ Date