PAYMENT REQUEST FORM		
Date:	12-20-22	Document No.: AFD20161017-001 v.1
Payee:	Leonard Obar	Date Needed: 1/10/1/15/2023 I
Amount:	15,000.00	
Branch Name:		
Department:	Marketing Department	
Purpose:	CONSULTATION FEE-JANUARY	
Remarks:	CONSULTATION FEE-Graphic Artist	
_	0899365186	
	BPI	
-	lonsulat	
REQUESTED BY:	Mekaela Consular	
	(Requestor)	
APPROVED BY:	Macel Abeiero	
	AVP for Marketing - MCG	
	Note*Accounting process in payables is	3 working days upon received of original Payment Request Form.
		proof that can support your request. This form will be used
	for NON P.O Item such ask base on conti	ract & Permits payments.
FOR ACCOUNTING ONLY		
Accounting Dept:		Finance Dept:
Received by:	Processed by:	Verified By: Approved by:
Name/ Date	Name/ Date	Name/ Date Name/ Date
Requestor Copy		