		PAYMENT R	EQUEST FORM		
Date Requested: JAN	UARY 4, 2023	Date Needed :	ASAP		
Mode of Payment:		Check		If the request is abo	ove Php 1,000.00, cheque will be released.
Payee:	ATTY. JAYCEE LAMSEN		Departmer	nt: Human Resou	rces
Amount:	Php 5,040.00	Expense Type:			
Purpose: JOI	BSTREET PAYMENT				
Remarks:				<u> </u>	
BANK ACCOUNT DETAIL	S FOR DIRECT DEPOSIT				
Bank: BDC)				
Branch:					
Account Number: 283	0029166				
REQUESTED BY:	MA. MIRASOL JAVA	APPROVED BY:			
	Name Over Signature/ Date			ATTY. JAYCEE A. LA	
		For incomplete att	achedment	(immediate	e neau)
		APPROVED BY:			
		EXECUTIVE OFFICE	R:		
Note: Accounting Payables Proces	ss is 3 working days upon receipt o	f original Payment Req	uest Form & complete	supporting document	ts.
Please attach approved quotation	(s) or any proof to support your re	quest. This form will on	ly be used for NON P.	O Item(s) such as cont	racts & permits payments.
Processed by:	Processed by:	Verified By:	COUNTING ONLY	Т	Approved by:
rrocessed by.	Frocessed by.	verified by.			другочей ву.
Name Over Signature/ Date	Name Over Signature/ Date	Name Over Signa	ture/ Date		Name Over Signature/ Date
				Document No.: AF	D20161017-001 v.3