

PAYMENT REQUEST FORM

Date Requested: 18-Nov-22
 Requestor's Name: JENIFER RAPISTA
 Company: DIGITS TRADING CORP.
 Department/Branch: IMPORTATION DEPT
 Amount: **187,050.00**

Date Needed 23-Nov-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 FLEET MARINE INSURANCE FOR 2022 - 2022
Inception Date :OCT 20, 2022 - OCT 20, 2023 / Policy No. EIN-000729

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: BDO INSURANCE BROKERS INC.
 Account Number: 2303 : PARAMOUNT LIFE & GENERAL INSURANCE

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

Computation

BASIC PREMIUM		150,000.00
Doc Stamp	12.50%	18,750.00
Vat	12%	18,000.00
Local government Tax	0.20%	300.00
Others		-
Total		<u>187,050.00</u>