



## PAYMENT REQUEST FORM

Date: 02/03/2023 Document No.: AFD20161017-001 v.1  
Payee: Kathlene Daelo Date Needed: ASAP  
Amount: P10,000  
Branch Name: \_\_\_\_\_  
Department: MCG Department  
Purpose: MCG PR Expenses

**Remarks:**

MCG PR Expenses  
P10,000  
\_\_\_\_\_

REQUESTED BY: Kathlene Daelo  
(Requestor)

APPROVED BY: Macel Abejero  
(Immediate Head)

*Note\*Accounting process in payables is 3 working days upon received of original Payment  
Pls. attached approved quotation or any proof that can support your request. This form is valid  
for NON P.O Item such as base on contract & Permits payments.*

### FOR ACCOUNTING ONLY

**Accounting Dept:**

Received by:

Name/ Date

**Finance Dept:**

Processed by:

Name/ Date

Verified By:

Name/ Date

Approved

Name/ Date


*nt Request Form.*  
*will be used*

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