PAYMENT REQUEST FORM			
Date:	November 28, 2022	Document No.:	
Payee:	SUPERVALUE INC.	Date Needed:	ASAP
Amount:	8,000.00		
Branch Name:	SM Hypermarket, Cubao		
Department:	DIGITS TRADING CORPORATION		
Purpose:	Give Aways		
Remark	ss:		^
	TIN Number: 000 -144 - 976 - 00041	Christmas Bask	
	Address: SM Cubao Bldg. Brgy. Socorro	(1,000.00 x 8 pax)	
Noted by:	REINA SARAH L. VILLEGAS HR. MANA GER	Approved by:	TY JAENIDEN LAINSEN DIVISION JANAGER)
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 & Pe	UNTING ONLY	
Accounting Dept: Finance Dept:			
Received by:		Verified By:	Approved by:
Name/ Date	Name/ Date	Name/ Date	Name/ Date
Requestor Copy			