	PAYME	NT REQUEST FORM		
Date Requested:	27-Jan-23	Date Needed:	ASAP	
Mode of Payment:	Cash X Onl	lineCheck	If the request is above Php 1,000.00, cheque will be released.	
Payee:	Bureau of Internal Rever	nue Departm	nent: Accounting	
Amount:	₱ 2,6	09,728.68 Expense T	Type:TAXES EXPENSES	
Purpose:	Payment for 0619E of B	Payment for 0619E of BOXTALKS INC. for the month of November 2022		
Remarks:				
BANK ACCOUNT DET Bank:		e applicable month.	T, DRIVERS LINCENSE (for new consultants) Bank: SECURITY BANK CORP. Account Name: BOXTALKS INC. Account Number: 0000-005332-752	
Account Number: _				
REQUESTED BY: _	Maureen Mae Linssen Di Name Over Signature/ D	Pate	(Immediate Head) e attachedment	
Note: Accounting Payables Process is 3 Please attach approved quotation(s) or		• , ,	nplete supporting documents. ON P.O Item(s) such as contracts & permits payments.	
		FOR ACCOUNTING ONLY		
Accounting Dept: Processed by:	Processed by:		Finance Dept: Verified By: Approved by:	
rocessed by:	,	1 1 ′		