



Message
@DW SM Aura
received
P5,780.00 of
GCash on
12-01-22
06:49:11 PM.
Ref. No.
665308766. For
Options Back

GCash

STORE: <i>DW SM AREA</i>	INCIDENT REPORT FORM
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Date Filed: _____	
INVOLVED EMPLOYEE	STORE BRANCH MANAGER
Name: <u>SANDY A. DALISAY</u>	Name: <u>SANDY A. DALISAY</u>
Designation: <u>STOREHEAD</u>	Designation: <u>STORE HEAD</u>

INCIDENT DETAILS:			
Date:	Time:	Nature: Loss: _____ Shortage: _____ Other: _____	Nature Details:
12-2-22			

DESCRIPTION OF INCIDENT:

Ako po si SANDY A. CALISTAY STORE HEM NG DW
SM HUDA AY GUMASAWA NG IR SA KADAHILANANG MAT
PROCESS AKO NA CHARGE BACK DAHL SA E-CASH BK CODE
PO NAMIN NA PAYMENT MATAGUL GUMASOK ANG Com-
firmation sa phone ng G-CASH KATA PO O CLIENT AY
DI NA MAKATAG-ANAY UMALIS NA AT ICHARGE BACK NA
LANG DAW PO YUNG NASEND NILA.

marangin salamat po!!

OPERATIONS DEPARTMENT ASSESSMENT	
(Should include provided for input items, comments and suggested changes)	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Prepared by: <u>SANDY R. CAUSON</u> INVOLVED EMPLOYEE Signature over Printed Name	Noted by: <u>SANDY R. CAUSON</u> STORE BRANCH MANAGER Signature over Printed Name
Assessed by: AREA MANAGERS/ STORE OPERATIONS HEAD Signature over Printed Name	Endorsed/Approved by: INTERNAL AUDIT & COMPLIANCE HEAD Signature over Printed Name

CHARGE BACK REQUEST FORM	
MERCHANT / STORE:	<u>DW Sm Area</u>
MERCHANT ID (MID #):	<u> </u>
TID #:	<u> </u>
MERCHANT ADDRESS:	<u>44 Sm Area</u>
	<u>THANIG CITY</u>
	<u> </u>
	<u> </u>
DATE FILED:	<u>12-1-22</u>
APPROVED CODE:	<u>6P53D8766</u>
INVOICE NO:	<u> </u>
CARD TYPE (CREDIT/DEBIT):	<u>G-CASH</u>
FOR CC ONLY: PAYMENT	<u>EUB</u>
TERM (STRAIGHT	
/INSTALLMENT, SPECIFY):	

CARDHOLDER'S NAME	CARD NO.	TRANS. DATE	CHARGE SLIP AMOUNT	POS RECEIPT AMOUNT	VARIANCE	ACTION TO BE TAKEN
John Paul Locatelli	21411000	8/3/97	57.00	N/A		

ATTACHMENTS:

☐ POS RECEIPT ☐ MANUAL OR/SI ☐ POS RETURN FORM #: _____

☐ DEBIT/CREDIT CARD ☐ POS TRANSACTION RETURN ☐ BACK-END INVENTORY ADJUSTMENT

CHARGE SLIP

NARRATIVE OF THE INCIDENT: ANG THERAL PURNASDIK SA CP NG STORE GLA
KANA ANG CONFIRMATION KANA DI NA INAYATIN NG CLEVER

REQUESTED BY: _____

Cashier's Signature over
Printed Name

CHECKED BY: Samy Adnan

Store OIC's Signature over
Printed Name

APPROVED BY: _____

Area Manager Signature over
Printed Name