PAYMENT REQUEST FORM			
Date:	1-25-2023	Document No.: AFD20161017-001 v.1	
Payee: Amount: Branch Name:	Leonard Obar	Date Needed:	<u>1/ko/1/15/2023</u> I
Department: Purpose:	Marketing Department CONSULTATION FEE-FEBRUARY		
Remarks:	CONSULTATION FEE-Graphic Artist 0899365186		
REQUESTED BY:	Immiliat Mekaela Consular (Requestor)		
APPROVED BY:	Macel Abelero AVP for Marketing - MCG		
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 & Permits payments.			
FOR ACCOUNTING ONLY			
Accounting Dept: Received by:	Processed by:	Finance Dept: Verified By:	Approved by:
Name/ Date Requestor Copy	Name/ Date	Name/ Date	Name/ Date

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