Date Requested: 11-Feb-23 Date Needed: ASAP Mode of Payment:Cash		PAYME	NT REQUES	ST FORM		
Payee: PHIC Department: Accounting Amount: P	Date Requested:	11-Feb-23		Date Needed:	ASAP	
Amount: P	Mode of Payment:	Cash	X	Check	If the request is above	Php 1,000.00, cheque will be released.
Purpose: Philhealth Contribution Remarks: DWC Philhealth Cintribution for the month of JANUARY 2023 Attachment (if applicable): Signed Agreement (signed by executives and consultant) TIN IDs and Ivalid Gov't ID to it, g SSS, PAG-IBIG, PASSPORT, DRIVERS LINCENSE (for new consultants) Billing statement for the applicable month. COR / BIR 2303 FORM BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT Bank: Branch: Account Number: REQUESTED BY: ROSANNA PORNEL Name Over Signature/ Date APPROVED BY: EUNECE PINEDA (Immediate Head) For incomplete attachedment APPROVED BY: ATTY. JAENICEN LAMSEN Legal and Operation Heads Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents. Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments. FOR ACCOUNTING ONLY Accounting Dept: Processed by: Verified By: Approved by:	Payee:	PHIC		Department:	Accountin	og
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