

PAYMENT REQUEST FORM

Date Requested: 19-Jan-23
 Requestor's Name: JENIFER RAPISTA
 Company: DIGITS TRADING CORP.
 Department/Branch: IMPORTATION DEPT
 Amount: **32,722.76**

Date Needed: 24-Jan-23
 Start: _____
 End: _____

Note: Maximum allowable Date needed is 15 working days from date of request, liquidation is on or before 5 working days after completion of purpose.

Detailed Purpose: RENEWAL OF COMPREHENSIVE MOTOR INSURANCE FOR 2022 ISUZU QLR77 E TILT WITH PLATE # NFJ8601 / USER : LOGISTIC

Attachment (please specify): SOA,

REQUESTED BY: JENIFER RAPISTA
 Requestor's print name & signature

☐ CASH

☒ DEPOSIT

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank/Branch: BDO INSURANCE BROKERS, INC.
 Account Name: _____
 Account Number: _____

APPROVED BY: _____
 Immediate Head print name & signature

Executive (if applicable)

Note: Accounting Department process payables is **3 working days** upon received of original Payment Request Form. Please attached approved quotation or any proof that can support your request. This form will be used for **NON P.O** item such as contract & permits, meal allowance, transportation and etc.

FOR ACCOUNTING USE ONLY

| Accounting Dept: | Finance Department | | |
|--|---|--|--|
| Received by: _____ Print name & signature | Processed by: _____ Print name & signature | Verified by: _____ Print name & signature | Approved by: _____ Print name & signature |

Computation

| | | |
|----------------------|--------|------------------|
| Premium | | 26,241.19 |
| Doc Stamp | 12.50% | 3,280.15 |
| Vat | 12% | 3,148.94 |
| Local government Tax | 0.20% | 52.48 |
| Total | | 32,722.76 |