		PAYMENT REQUEST FORM	
Date Requested: JAN	IUARY 4, 2023	Date Needed : ASAP	
Mode of Payment:	Cashx	Check	If the request is above Php 1,000.00, cheque will be released.
Payee:	ATTY. JAYCEE LAMSEN	Department:	Human Resources
Amount:	Php 5,040.00	Expense Type:	
Purpose: JO	BSTREET PAYMENT		
Remarks:			
BANK ACCOUNT DETAIL	S FOR DIRECT DEPOSIT		
Bank: BD0	0		_
Branch:			D
Account Number: 283	MA. MIRASOL JAVA	APPROVED BY:	
	Name Over Signature/ Date	For incomplete attachedment	ATTY AYCEE A LAMSE (Immedite Head)
		APPROVED BY:	
		EXECUTIVE OFFICER:	
Note: Accounting Payables Proce	ss is 3 working days upon receipt of	original Payment Request Form & complete su	pporting documents.
Please attach approved quotation	n(s) or any proof to support your red	uest. This form will only be used for NON P.O	item(s) such as contracts & permits payments.
		FOR ACCOUNTING ONLY	
Processed by:	Processed by:	Verified By:	Approved by:
Name Over Signature/ Date	Name Over Signature/ Date	Name Over Signature/ Date	Name Over Signature/ Date
			Document No.: AFD20161017-001 v.3