

PAYMENT REQUEST FORM

Date Requested: 27-Sep-22
 Requestor's Name: JENIFER RAPISTA
 Company: TEQUINOX CORP
 Department/Branch: IMPORTATION DEPT
 Amount: 3,100.00

Date Needed: 07-Oct-22
 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: DEACTIVATION OF NYC PERMITS
OMG ERMITA

Attachment (please specify): Approval screenshot, Previous permit

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

☒ CASH ☐ DEPOSIT

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank/Branch: BDO
 Account Name: JENIFER RAPISTA
 Account Number: 006580144946

APPROVED BY: _____
 Immediate Head's 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

KIND OF PERMIT	Store	Expiry Date	Permit NO	PERMIT FEE	
MPDP	OMG ERMITA		MPDP-NCR-2841-	1550	
WDN	OMG ERMITA		DP-NC-1159-18	1550	

TOTAL: 3,100.00