	PAYMENT RE	QUEST FORM		
Date Requestec	22-Aug-22	Date Needed A	ug. 23,2022	_
Mode of Payme <u>nt:</u>	Cashx Ban	k transf Check If the I	request is above I	Php 1,000.00, cheque will be rele
Payee:	Maricel Pascual	Department:		_
Amount: ₽	1,500.00	xpense Type:		Bank: BDO
Purpose: BTB	Cod printer repair			
Remarks: Prin	ter repair			- -
REQUESTED BY:Na	Maricel Paseual ame Over Signature/ Date	APPRO <u>VED B</u>		Tui-Santos□ iate Head)
Note: Accounting Pay	vables Process is 3 working d	ays upon receipt of orig	ginal Payment I	ا Request Form & complete su <sub>l</sub>
		to support your reques	t. This form wil	l only be used for NON P.O It
& po	ermits payments.			
4		COUNTING ON		
Accounting Department Processed by:	Processed by:	Finance Verified By		Approved by:
Name Over Signa	atu Name Over Signatı	ıre/ Da <mark>Name Ove</mark>	r Signatur	Name/ Date
		Docu	ment No.: AF	D20161017-001 v.3

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