Date Requested:		<u>x</u>	Date Needed:	ASAP	
		X	Check		
	HDMF		CITCON	If the request is above Php 1,000	0.00, cheque will be released.
Payee: _			Department:	Accounting	<u> </u>
Amount:	₽	200.00	Expense Type:	PAG-IBIG CONTRIBUTION	ER
Purpose:	HDMF Contribution				<u> </u>
Remarks: <u>T</u>	TEQ HDMF Contribution for th	e month of FEB	RUARY 2023		_ _
- - - -	Attachment (if applicable): Signed Agreement (sign TIN IDs and 1valid Gov' Billing statement for th COR / BIR 2303 FORM CALLS FOR DIRECT DEPOSIT	t ID to i.g SSS, P	AG-IBIG, PASSPORT, D	RIVERS LINCENSE (for new	consultants)
Bank: _					
Branch: _					
Account Number:					
REQUESTED BY:	ROSANSA BORNEL Name Over Signature/ [APPROVED BY:	EUNECE PINED	DA
			For incomplete attachedment		
			APPROVED BY:	ATTY. JAENICEN LA	AMSEN
				Legal and Operation	n Heads
Note: Accounting Payables Process is 3 Please attach approved quotation(s) or	any proof to support your reques	st. This form will	only be used for NON P.C		permits payments.
FOR ACCOUNTING ONLY					
Accounting Dept: Processed by:	Processed by:		Finance Verified By:	e Dept:	Approved by:
,	ŕ		•		Approved by.
Name Over Signature/ Date	Name Over Signatu	re/ Date	Name Over Sign	ature/ Date Document No.: AFD20161	Name/ Date