PAYMENT REQUEST FORM

Date Requested: 19-Oct-22   **Date Needed:** Oct 19,2022
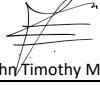
Mode of Payment: _____ Cash. ___X___ BDO Credit Card _____ Check *If the request is above Php 1,000.00, cheque will be released.*
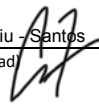
Payee: Bluespace - franchise   **Department:** _____

Amount: P26,042.67   **Expense Type:** _____   **Bank: BDO**

Purpose: Apple Certified Support Professional Certification Program - BLUESPACE

Remarks: **Emil Laureta (BTB Forbestown), Federico Bacero (BTB Fairview), Pamela Joy De Vera (BTB LCM)**

19/10/2022

REQUESTED BY: John Timothy Mariano   **APPROVED BY:** Ms. Cristine Tiu - Santos

Name Over Signature/ Date   (Immediate Head)

Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents.
Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts
& permits payments.

FOR ACCOUNTING ONLY

Accounting Dept:		**Finance Dept:**	
Processed by:	Processed by:	Verified By:	Approved by:
Name Over Signature/ Date	Name Over Signature/ Date	Name Over Signature/ Date	Name/ Date

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