



PAYMENT REQUEST FORM

Date: 12/09/2022

Document No.: AFD20161017-001 v.1

Payee: John Gabriel Villa

Date Needed: December 14, 2022

Amount: P5,000

Branch Name: _____

Department: MCG Department

Purpose: MCG - Representation Fund

Remarks:

Representation fund for MCG Team

P5,000

REQUESTED BY: John Gabriel Villa
(Requestor)

APPROVED BY: Macel Abejero
(Immediate Head)

*Note*Accounting process in payables is 3 working days upon received of original Payment Request Form.*

Pls. attached approved quotation or any proof that can support your request. This form will be used for NON P.O Item such ask base on contract & Permits payments.

FOR ACCOUNTING ONLY

Accounting Dept:

Received by:

Name/ Date

Requestor Copy

Finance Dept:

Processed by:

Name/ Date

Verified By:

Name/ Date

Approved by:

Name/ Date