

## PAYMENT REQUEST FORM

Date Requested: 19-Jan-23  
 Requestor's Name: JENIFER RAPISTA  
 Company: DIGITS TRADING CORP.  
 Department/Branch: IMPORTATION DEPT  
 Amount: **220,916.65**

Date Needed 24-Jan-23  
 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: RENEWAL OF RETAIL FIRE W/ CGLI INSURANCE - 2nd payment  
Inception Date :AUG 19, 2022 - AUG 19, 2023 / Policy No. F-HO-0339231

Attachment (please specify): SOA, POLICY FRONT PAGE

REQUESTED BY:

JENIFER RAPISTA

Requestor's print name & signature

☐ CASH

☒ DEPOSIT

### BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank/Branch: BDO  
 Account Name: STRONGHOLD INSURANCE CO., INC.  
 Account Number: 000-330-427-997

APPROVED BY:

Immediate Head 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

BASIC PREMIUM: 912,049.30  
**25% of basic premium**  
 1st installment 471,529.49 (paid 10/14/22)  
 2nd installment **220,916.65**  
 3rd installment 220,916.65  
 4th installment 206,242.78  
 Total **1,119,605.57**

### Computation

BASIC PREMIUM @ 25%	220,916.65
Doc Stamp	12.50%
Vat	12%
Local government Tax	0.20%
Others	
<b>Total</b>	<b>220,916.65</b>

# PAYMENT REQUEST FORM

Date Requested: 17-Jan-23 Date Needed 24-Jan-23  
 Requestor's Name: JENIFER RAPISTA Start: \_\_\_\_\_  
 Company: DIGITALKS INC End: \_\_\_\_\_  
 Department/Branch: IMPORTATION DEPT 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.  
 Amount: 7,824.87

Detailed Purpose: FIRE INSURANCE FOR XIAOMI AYALA CIRCUIT MAKATI & ROBINSONS LA UNION  
 Inception Date : Aug 19, 2021 - August 19, 2022 Inclusion to the Policy No. F0082579

Attachment (please specify): SOA, POLICY FRONT PAGE

REQUESTED BY:

JENIFER RAPISTA

Requestor's print name & signature

☐ CASH

☒ DEPOSIT

## BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank/Branch: Quintin Paredes Binondo

Account Name & 2303 Malayan Insurance Co., Inc.

Account Number: 057-0078121

APPROVED BY:

Immediate Head 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

## Computation

Total Sum Insured		6,175.89
Doc Stamp	12.50%	771.99
Vat	12%	741.11
Local government Tax	0.20%	12.35
Others		123.52
<b>Total</b>		<b>7,824.87</b>

## PAYMENT REQUEST FORM

Date Requested: 19-Jan-23  
 Requestor's Name: JENIFER RAPISTA  
 Company: DIGITS TRADING CORP.  
 Department/Branch: IMPORTATION DEPT  
 Amount: **32,722.76**

Date Needed: 24-Jan-23  
 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: RENEWAL OF COMPREHENSIVE MOTOR INSURANCE FOR 2022 ISUZU QLR77 E TILT WITH PLATE # NFJ8601 / USER : LOGISTIC

Attachment (please specify): SOA,

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

☐ CASH

☒ DEPOSIT

### BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank/Branch: BDO INSURANCE BROKERS, INC.  
 Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
 Immediate Head 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

### Computation

Premium		26,241.19
Doc Stamp	12.50%	3,280.15
Vat	12%	3,148.94
Local government Tax	0.20%	52.48
<b>Total</b>		<b>32,722.76</b>