	PAYMENT	REQUEST FORM	1				
Date Requested	22-Nov-22	Date Needed:	Nov. 29,2022	_			
Mode of Payme	ent: Cashx_	Bank transfer Check	If the request is above F	Php 1,000.00, cheque will			
Payee:	EVELYN LETRAN	Department:		_			
Amount:	₱ 5,600.00	Expense Type:		Bank: BDO			
Purpose:	Accomodation 3,000						
	ALLOWANCE	(100*26 days) 2,600					
Remarks:				_			
REQUESTED BY:	EVELYN LETRAN lame Over Signature/ Da	•		NE TIU SANTOS□ ate Head)			
Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P. & permits payments.							
FOR ACCOUNTING ONLY							
Accounting	Dept:	Financ	e Dept:				
Processed by	Processed by:	Verifie	ed By:	Approved by:			
Name Over S	ignatu Name Over Si	gnature/ DateName	Over Signatur	Name/ Date			
			Document No.: AFI	D20161017-001 v.3			

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