PAYMENT REQUEST FORM						
Date Requested:	11-Feb-23		Date Needed:	ASAP		
Mode of Payment:	Cash	X	Check	If the request is above Php	1,000.00, cheque will be released.	
Payee:	SSS		Department:	Accounting		
Amount:	₱	31,570.00	Expense Type:	SSS CONTRIBUTION	N ER	
Purpose:	SSS CONTRIBUTION					
Remarks:	BTI SSS contribution for the mo	onth of JANUAR	Y 2023		<u> </u>	
PANY ACCOUNT DE	Attachment (if applicable): Signed Agreement (sign TIN IDs and 1valid Gov': Billing statement for the COR / BIR 2303 FORM	t ID to i.g SSS, P	AG-IBIG, PASSPORT, DI	RIVERS LINCENSE (for r	new consultants)	
	TAILS FOR DIRECT DEPOSIT					
Account Number:						
REQUESTED BY:	ROSANNA BORNEL		APPROVED BY:	EUNECE P	INFDA	
-	Name Over Signature/ D		7.11.11.072.5	(Immediate Head)		
			For incomplete atto	achedment		
			APPROVED BY:	ATTY. JAENICE	N LAMSEN	
				Legal and Oper	ration Heads	
Note: Accounting Payables Process is Please attach approved quotation(s) c	or any proof to support your reques	t. This form will o	only be used for NON P.C		ts & permits payments.	
	-	OR ACCOU	NTING ONLY			
Accounting Dept:	Dun and the		Finance Dept:		American de la	
Processed by:	Processed by:	(5)	Verified By:		Approved by:	
Name Over Signature/ Date	Name Over Signatu	re/ Date	Name Over Sign	ature/ Date Document No.: AFD2	Name/ Date	