



## PAYMENT REQUEST FORM

Date: 10/03/2022

Document No.: AFD20161017-001 v.1

Payee: Leonard P. Obar

Date Needed: ASAP

Amount: 15,000.00

Branch Name: \_\_\_\_\_

Department: MCG

Purpose: \_\_\_\_\_

Remarks: Consultant Fee - September

GCash

0951 949 8742

REQUESTED BY:

Bernadette Gonzales

(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*

Processed by:

Name/ Date

#### Finance Dept:

Verified By:

Name/ Date

Approved by:

Name/ Date