

PAYMENT REQUEST FORM

Date Requested: 06-Jan-23
 Requestor's Name: JENIFER RAPISTA
 Company: DGNATION INC.
 Department/Branch: IMPORTATION DEPT
 Amount: 5,280.00

Date Needed 16-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 for OMB AND NTC MPDP & WDN FOR DGNATION INC BRANCHES FEB - MAY 2023

Attachment (please specify): Approval screenshot, Previous permit

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

☐ CASH ☒ DEPOSIT

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank/Branch: BDO
 Account Name: JENIFER RAPISTA
 Account Number: 006580144946

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

KIND OF PERMIT	Store	Expiry Date	Permit NO	PERMIT FEE
MPDP	DW ABREEZA DAVAO	20-Feb-23	MPD-KK0669-20	5,280.00

TOTAL: 5,280.00