



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: Consulant Fee - October Fee

GCash

0951 949 8742

REQUESTED BY:

Bernadeth 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