PAYMENT REQUEST FORM			
Date: 11-25	2022	Document No.: AFD20161017-001 v.1	
Payee: Amount: Branch Name:	Leonard Obar	Date Needed:	<u>1/213-15</u> -2022
Department:	Marketing Department		
Purpose:	Consultation Fee-DECEMBER		
Remarks:	CONSULTATION FEE-graphic artist 0899365186		
	ВРІ		
REQUESTED BY:	િભાગીશ Mekaela Consular (Requestor)		-
APPROVED BY:	Macel Abeiero AVP for Marketing - MCG		
		working days upon received of original Payment Reque roof that can support your request. This form will be us ct & Permits payments.	
FOR ACCOUNTING ONLY			
Accounting Dept:		Finance Dept:	
Received by:	Processed by:	Verified By:	Approved by:
Name/ Date	Name/ Date	Name/ Date	Name/ Date
Requestor Copy			