		PAYM	IENT REQ	UEST FORM			
Date:		8-Aug-22		Document No.: AFD20161017-001 v.1			
Payee:		Jomark Tamboong	<u></u>	Date Needed:	11-Aug-22	2	
Amount:		2,500.00					
Name:		Jomark Tamboong					
Department:		AFTER SALES (RMA)					
Purpose:		HAULING FEE					
,	Remarks:	HAULING FEE FOR 1, 200 KG Wa	aste of Non Ele	ectronics Items / Assorted W	aste / Empty Bo	oxes / Styro Foam	
	_	and Pastics		· · · · · · · · · · · · · · · · · · ·	, , ,	, <u>,</u>	
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		\mathcal{AM}				<u> </u>	
REQUESTED BY:		J <i>or</i> nark Tamboong					
		(Requestor)					
APPROVEB BY:		Ana Dorothy C. Lacorte					
		(Immediate Head)					
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Note st 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 as based on contract & Permits payments.							
FOR ACCOUNTING ONLY Accounting Dept: Finance Dept:							
Received by:	cpt.	Processed by:		Verified By:		Approved by:	
neceived by.		Trocessed by.		verified by.		Approved by.	
Name/ Date		Name/ Date		Name/ Date		Name/ Date	
Requestor Copy							