

PAYMENT REQUEST FORM

Date Requested: 08-Feb-23 Date Needed: ASA<sup>3</sup>  
Mode of Payment: Cash X Check  
Payee: Gutierrez, Leslie Anne Oliveros Department: E-Comm  
Amount: ₱ 28,738.37 Expense Type: SALARIES AND WAGES  
Purpose: Last Pay  
Remarks: Last Pay\_GUTIERREZ

If the request is above Php 1,000.00, cheque will be released.

Attachment (if applicable):  
Signed Agreement (signed by executives and consultant)  
TIN IDs and 1valid Gov't ID to i.g SSS, PAG-IBIG, PASSPORT, DRIVERS LICENSE (for new consultants)  
Billing statement for the applicable month.  
COR / BIR 2303 FORM

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank:   
Branch:   
Account Number:

REQUESTED BY: ROSANNA BORNEL  
Name Over Signature/ Date  
APPROVED BY: EUNICE PINEDA  
(Immediate Head)  
For incomplete attachedment  
APPROVED BY: ATTY. JAEN LEN LAMSEN  
Legal and Operation Heads

Note: Accounting Payables Process is 3 working days upon receipt of original Payment Request Form & complete supporting documents.  
Please attach approved quotation(s) or any proof to support your request. This form will only be used for NON P.O Item(s) such as contracts & permits payments.

FOR ACCOUNTING ONLY

Accounting Dept:	Finance Dept:
Processed by:	Verified By:
Name Over Signature/ Date	Name Over Signature/ Date
	Approved by:
	Name/ Date

Document No.: AFD20161017-001 v.3





## ACCOUNTABILITY CLEARANCE FORM

REFERENCE NO \_\_\_\_\_

DEPARTMENT E-Commerce

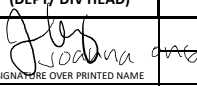






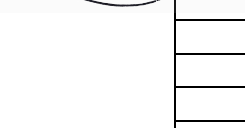
EMPLOYEE NAME Leslie Anne Gutierrez

EMPLOYEE STATUS Regular

RESIGNATION DATE November 19, 2022

POSITION Ecom Merch Associate

TYPE OF SEPARATION Voluntary (Resignation)

DEPARTMENT	DATE RECEIVED	ACCOUNTABILITY	STATUS	CLEARED BY: (DEPT/ DIV HEAD)	STATUS
ASSIGNED DEPARTMENT		TURNOVER REPORT		 SIGNATURE OVER PRINTED NAME	
		LOG IN ACCESS			
SYSTEM DATA MANAGEMENT		CLOSING OF TRANSACTIONS IN BEA		 SIGNATURE OVER PRINTED NAME	with SOR
INFORMATION SYSTEMS DEPT		E-MAIL ACCOUNT		 SIGNATURE OVER PRINTED NAME	
		LOG IN ACCESS			
		PHYSICAL CONDITION OF ASSETS			
BUSINESS PROCESS GROUP		SYSTEMS (e.g. BEA, DMPS, DMRS, IMFS, etc...)		 SIGNATURE OVER PRINTED NAME	
ADMINISTRATION DEPT		SIM CARD		 SIGNATURE OVER PRINTED NAME	SOR No:
		LAPTOP			550000676
		MOBILE PHONE			and
		ASSETS			550000650
		KEYS	DEC 16, 2022		
ACCOUNTING DEPT		VOUCHER		 SIGNATURE OVER PRINTED NAME	
		AUTOMATIC DEDUCTIONS			
		PURCHASES	NO BEA RECORD		
		CHARGES			
		PETTY CASH			
AUDIT DEPARTMENT		DEDUCTIONS		 SIGNATURE OVER PRINTED NAME	
HUMAN RESOURCES DEPT		COMPANY ID		 SIGNATURE OVER PRINTED NAME	
		RESIGNATION LETTER			
		UNIFORM			
		SSS LOAN			
		HDMF LOAN			
		SECURITY BANK LOAN			
		EXIT INTERVIEW			
		GPA INSURANCE			
		HMO INSURANCE			

I hereby affirm that I have been an employee of (company name) \_\_\_\_\_. With this, I am liable for all the responsibilities listed above as it is under my possession. Any loss/ damage pertaining to this matter shall be charged from my last pay. Upon separation, I also understand that I have an on-going responsibility to maintain the confidentiality of the company information.



Leslie Anne Gutierrez

09065579118

11/21/2022

Employee's signature over Printed name

Employee Mobile Number

Date Completed

DIGITS

TECH CURATORS



A stylized, handwritten signature in white ink, consisting of a large loop and a horizontal stroke.

L.A.

Gutierrez, Leslie Anne O.

DT-10001195