

PAYMENT REQUEST FORM

Date Requested: 01-27-2023

Date Needed: _____

Mode of Payment: X Cash

☒ Check

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

Payee: HECTOR PANGULAYAN

Department: Admin

Amount: 4,846.00

Expense Type: _____

Purpose: REFILL MINERAL WATER @

AQUABEST FROM THE MONTH OF
NOVEMBER 2022 THE AMOUNT OF FOUR
THOUSAND EIGHT HUNDRED AND
FOURTHY SIX PESOS ONLY.

Remarks: _____

Attachment (if applicable):

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

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank: _____

Name: _____

Account Number: _____

REQUESTED BY:

MARTIN SUMAR 1-27-23
Name Over Signature/ Date

APPROVED BY:

[Signature]
(Immediate Head)

For incomplete attachedment

APPROVED BY:

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:

Processed by: [Signature]
Name Over Signature/ Date

Processed by: [Signature]
Name Over Signature/ Date

Finance Dept:

Verified By: _____
Name Over Signature/ Date

Approved by: _____
Name/ Date

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