Date Requested: 08-Feb-23 Date Needed: ASAP Mode of Payment: Cash X Check If the request is above Php 1,000, 00, cheque will be released. Payee: HDMF Department: Accounting Amount: P 600.00 Expense Type: PAG-IBIG CONTRIBUTION ER Purpose: HDMF Contribution Remarks: AP HDMF Contribution for the month of JANUARY 2023 Attachment (if applicable): Signed Agreement (signed by executives and consultant) TIN IDs and Ivalid 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: Branch: Account Number: Account Number: Account Number: Account Number: Account Number: Accounting Poyables Process is 3 working days upon receipt of original Poyment Request Form & complete attachedment APPROVED BY: ATTY. JAENICEN LAMSEN Legal and Operation Heads Note: Accounting Poyables Process is 3 working days upon receipt of original Poyment Request Form & complete supporting documents. Please attach opproved 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 Processed by: Verified By: Name Over Signature/ Date Name Over Signature/ Date Name Over Signature/ Date	PAYMENT REQUEST FORM						
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