|                                     | PAYMEN   | NT REQUEST                        | FORM  |                         |  |
|-------------------------------------|--|-----------------------------------|---|-------------------------|--|
| Date Requested:                     | 19-Oct-22  | Date Needed:                      | Oct 19,2022                                       |                         |  |
| Mode of Payment:                    | CashX BDO Credit Card  | Check                             | If the request is above Php 1,000.00, c           | heque will be released. |  |
| Payee                               | : Kickstart - franchise Departme                                   | ent:                              |   |                         |  |
| Amount                              | : Р8,680.89 Ехреп  | ise Type:                         |   | Bank: BDO               |  |
| Purpose                             | : Apple Certified Support Professional Ce                          | ertification Program              | - KICKSTART                                       |                         |  |
|                                     |  |                                   |   | <del></del>             |  |
| Remarks                             | : Eric Calicagan (BTB Market Market)                               |                                   |   |                         |  |
| REQUESTED BY:                       | 19/10/2022   | APPROV                            |   | Santos                  |  |
| NEQUESTED BY.                       | John/Timothy Mariano Name Over Signature/ Date                     | APPROVI                           | ED BY: Msl. Cristing Tru - S<br>(Innmediate Head) | salitus                 |  |
| Note: Accounting Payables Process i | is 3 working days upon receipt of original Payn                    | nent Request Form &               | complete supporting documents.                    |                         |  |
| Please attach approved quotation(s) | or any proof to support your request. This for & permits payments. | m will only be used j             | or NON P.O Item(s) such as contract               | ts                      |  |
|                                     | F  | OR ACCOUNTI                       | NG ONLY   |                         |  |
| Accounting Dept:                    |  |                                   | Finance Dept:                                     |                         |  |
| Processed by:                       | Processed by:  | Verified                          | By:   | Approved by:            |  |
| Name Over Signature/ Date           | Name Over Signature/ Date  | Name (                            | Over Signature/ Date                              | Name/ Date              |  |
|                                     |  | Document No.: AFD20161017-002 v.3 |   |                         |  |

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