Amount:	PAYMENT REQUEST FORM					
Payee: Amount: _ Purpose: <u>S</u> Remarks: <u>D</u>	11-Feb-23		Date Needed:	ASAP		
Amount:	Cash	X	Check	If the request is above Php 1	1,000.00, cheque will be released.	
Purpose: S Remarks: <u>D</u>	SSS		Department:	Accounting		
Remarks: <u>C</u>	<b>₱</b> 15,810.0	00	Expense Type: SSS CONTRIBUTION ER		ER	
	SSS Contribution					
A 	DWC SSS contribution for the month of	JANUA	ARY 2023		<u> </u>	
BANK ACCOUNT DET	Attachment (if applicable): Signed Agreement (signed by ex TIN IDs and 1valid Gov't ID to i.g Billing statement for the applica COR / BIR 2303 FORM  CAILS FOR DIRECT DEPOSIT	SSS, PA	AG-IBIG, PASSPORT, D	RIVERS LINCENSE (for n	ew consultants)	
	AILS FOR DIRECT DEPOSIT					
_						
Account Number:						
Account Number.						
REQUESTED BY:	ROSANNA BORNEL		APPROVED BY:	EUNECE PII	NEDA	
_	Name Over Signature/ Date			(Immediate Head)		
			For incomplete att	achedment		
			APPROVED BY:	ATTY. JAENICEN	N LAMSEN	
				Legal and Opera	ation Heads	
• •	working days upon receipt of original Payı any proof to support your request. This fo	rm will d	only be used for NON P.C		s & permits payments.	
Atime Dont	FOR AC	COU	NTING ONLY	Dant		
Accounting Dept:	Dre seesed by	_	Finance Dept:  Verified By:  Approved by:		Annuariad by	
Processed by:	Processed by:				Approved by:	
Name Over Signature/ Date	Name Over Signature/ Date	е	Name Over Sign	ature/ Date  Document No.: AFD20	Name/ Date	