PAYMENT REQUEST FORM					
Date Requested:	07-Mar-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:	Accountin	ng
Amount:	₱	400.00	Expense Type:	PAG-IBIG CONTRI	BUTION ER
Purpose:	HDMF Contribution				
Remarks:	AP HDMF Contribution for the	month of FEBRI	JARY 2023		
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 LINCENSE (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:		ROSANTA BORNEL Name Over-signature/ Date		(: EUNECE PINEDA (Immediate Head)	
			APPROVED BY:	ATTY. JAENICEN LAMSEN	
			AFFROVED BI.		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:	Dun ann a de la	i	Finance	e Dept:	A
Processed by:	Processed by:		Verified By:		Approved by:
Name Over Signature/ Date	Name Over Signatu	re/ Date	Name Over Sign		Name/ Date
Document No.: AFD20161017-001 v.3					