



## PAYMENT REQUEST FORM

Date: February 7, 2023

Document No.: AFD20161017-001 v.1

Payee: John Gabriel Villa

Date Needed: ASAP

Amount: P10,000

Branch Name: \_\_\_\_\_

Department: MCG Department

Purpose: Thanksgiving Party 2023 MCG - Ocular Expenses/Supplier Coordination

**Remarks:**

Thanksgiving Party 2023 MCG - Ocular Expenses/Supplier Coordination

P10,000

REQUESTED BY: John Gabriel Villa  
(Requestor)

APPROVED BY: Macel Abejero  
(Immediate Head)

*Note\*Accounting process in payables is 3 working days upon received of original Payment Request Form.*

*Pls. attached approved quotation or any proof that can support your request. This form will be used for NON P.O Item such ask base on contract & Permits payments.*

### FOR ACCOUNTING ONLY

**Accounting Dept:**

Received by:

Name/ Date

*Requestor Copy*

**Finance Dept:**

Processed by:

Name/ Date

Verified By:

Name/ Date

Approved by:

Name/ Date