PAYMENT REQUEST FORM						
Date Requested:	08-Feb-23		Date Needed:	ASAP		
Mode of Payment:	Cash	Х	Check	If the request is above Php 1,	000.00, cheque will be released.	
Payee:	HDMF		Department:	Accounting	<u></u>	
Amount:	₱	513.26	Expense Type:	PAG-IBIG EE LOAN		
Purpose:	HDMF Loan					
Remarks:	AP HDMF LOAN for the month	of JANUARY 20	023		<u> </u>	
BANK ACCOUNT DE	Attachment (if applicable): Signed Agreement (sig TIN IDs and 1valid Gov Billing statement for th COR / BIR 2303 FORM	t ID to i.g SSS, P	AG-IBIG, PASSPORT, DI	RIVERS LINCENSE (for ne	w consultants)	
Account Number:						
REQUESTED BY:	ROSANNA BORNEI Name Over Signature/		APPROVED BY:	EUNECE PIN		
	_		For incomplete atta	achedment		
			APPROVED BY:	ATTY. JAENICEN	LAMSEN	
				Legal and Operat	tion Heads	
Note: Accounting Payables Process is Please attach approved quotation(s) o	or any proof to support your reque	st. This form will	only be used for NON P.C		& permits payments.	
Assessment Product		FOR ACCOU	NTING ONLY	Dont		
Accounting Dept: Processed by:	Processed by:		Finance Verified By:	e Dept:	Approved by:	
•	·	./.		/ D. I		
Name Over Signature/ Date	Name Over Signatu	ire/ Date	Name Over Sign	ature/ Date Document No.: AFD201	Name/ Date	