MEMORANDUM

FOR   : **DRA. ROSANNA M. OLGADO**
            Manager,
            Administrative Services Department

THRU   : **ATTY. MARIA TERESA C. ALVAREZ**
            Manager, Operations Department

FROM   : Banaue Hotel and Youth Hostel
            Banaue, Ifugao
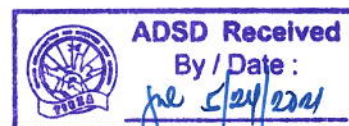
SUBJECT   : **TRANSFER OF FUND**

DATE   : May 17, 2021

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May we request for the process and Fund Transfer of our Performance Enhancement Incentive for CY 2020 in the amount of **Thirty thousand pesos (P 30,000.00)** only. Please see attached payroll file for your reference.

Thank you and God Bless.

MARLON S. PRIETO
Resident Manager

MAY 2 4 2021

ADSD Received
By / Date :

REPUBLIC OF THE PHILIPPINES

TOURISM INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY

MAKATI

PRODUCTIVITY ENHANCEMENT INCENTIVE PAYROLL (PEI) FOR THE FISCAL YEAR 2019

Basis for payment/Guidelines

BANAUE HOTEL AND YOUTH HOSTEL

Banaue, Ifugao

	LAST NAME	FIRST NAME	GROSS P.E.I.	LESS: A/Rs/Others	NET AMOUNT DUE	REMARKS	SIGNATURE
1	ABUL	SHERIDAN CLAIRE	P 5,000.00	-	P 5,000.00		1 _____
2	DULNUAN	GINA ARACEILI	P 5,000.00		P 5,000.00		2 _____
3	GULANGAN	ELLEONOR	5,000.00	-	5,000.00		3 _____
4	MENIA	RENATO	5,000.00	-	5,000.00		4 _____
5	PIOG	HENRY	5,000.00	-	5,000.00		5 _____
6	TUNDAGUI	VIVIAN	5,000.00	-	5,000.00		6 _____
	GRAND TOTAL > > > > > >		P 30,000.00	-	P 30,000.00		

I CERTIFY on my Official Oath that the above payroll is correct and that the services have been duly rendered as stated

MARLON S. PRIETO
Resident Manager

APPROVED payable form appropriation for Banaue Hotel & Youth Hostel.

SHERIDAN CLAIRE M. ABUL
Sr. Corp Account Analyst

I CERTIFY on my Official Oath that I have paid each employee whose name appears on the above payroll the amount set opposite his name, he or she presented his/her resident certificate.

VIVIAN G. TUNDAGUI
Cashier C

I CERTIFY on my official oath that I have witnessed paymeny to each employee whose name appears hereon of the opposite his / her name

GINA ARACEILI DULNUAN
Cashier C