

REQUESTED BY		DATE REQUESTED				
ACCOUNT		DATE RELEASED				
DESCRIPTION/ITEMS	SI/CI NO.	CR/OR NO.	AMOUNT	%	TOTAL AMOUNT	
GRAND TOTAL						
REMARKS: <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE						
<div><input type="checkbox"/> ACCT NAME/NO: _____ <input type="checkbox"/> CHECK NO: _____ <input type="checkbox"/> AMOUNT: _____</div>						
PREPARED BY	VERIFIED BY		APPROVED BY			
Employee's Signature <small>(Signature over Printed Name)</small>	RACHEL CARTAGENA Finance & Accounting Director DATE SIGNED:		JULIE ANN S. GELACIO Vice President/CEO DATE SIGNED:			

BMI-FORM-FAA-004

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