

☐ CASH ASSISTANCE ☐ ACCOMMODATION ☐ TRANSPORTATION ☐ REGISTRATION FEE ☐ MEALS ☐ OTHERS

SALES DEPARTMENT

EMPLOYEE NAME:		DATE NEEDED:	
DEPARTMENT:	POSITION:	DISTRICT/ AREA:	
ACCOUNT NAME:		NO PER PAX:	COST PER PAX:
DESCRIPTION			TOTAL AMOUNT
GRAND TOTAL:			
SALES INFORMATION:			
TOTAL SALES (LY): PHP _____	TOTAL SALES (LY): PHP _____	Are the existing machines installed? <input type="checkbox"/> RTV <input type="checkbox"/> PURCHASED <input type="checkbox"/> FUTURE PROJECT <input type="checkbox"/> NONE	
REMARKS: _____	REMARKS: _____	Name of machine's: _____	
REQUESTED BY:	ENDORSED BY:	APPROVED BY:	
	<input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED	<input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED	
Employee Signature <i>(Signature over Printed Name)</i>	SHEERE ANN BARNES National Sales Director DATE SIGNED:	Executive Committee Member DATE SIGNED:	

BMI-FORM-SAS-002

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REQUESTED BY:		ENDORSED BY:		APPROVED BY:			
		<input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED		<input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED			
Employee Signature <i>(Signature over Printed Name)</i>		SHEERE ANN BARNES National Sales Director DATE SIGNED:		Executive Committee Member DATE SIGNED:			

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