

# REPRESENTATION REQUEST FORM

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

SALES DEPARTMENT

EMPLOYEE NAME				DATE NEEDED			
DEPARTMENT				POSITION			
ACCOUNT NAME				DISTRICT/ AREA			
ACTIVITY				NO PER PAX			COST PER PAX
DESCRIPTION				QTY	UNIT	UNIT COST	TOTAL AMOUNT
GRAND TOTAL							

FINANCIAL INFORMATION		SALES INFORMATION	
TOTAL EXPENSES: _____ CASH ADVANCES: _____ DUE TO: _____ CHARGE TO: <input type="checkbox"/> SALES <input type="checkbox"/> MARKETING REMARKS: _____ <input type="checkbox"/> Debit _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____		TOTAL SALES (Current Year): PHP _____ REMARKS: _____ TOTAL SALES (Last Year): PHP _____ REMARKS: _____	
		ARE THE EXISTING MACHINES INSTALLED? <input type="checkbox"/> RTV <input type="checkbox"/> PURCHASED <input type="checkbox"/> FUTURE PROJECT <input type="checkbox"/> NONE NAME OF MACHINE/S: _____ REMARKS: _____	
PREPARED BY	ENDORSED BY	APPROVED BY	
Employee's Signature <i>(Signature over Printed Name)</i>		Regional/National Sales Director <i>(Signature over Printed Name)</i>	
DATE SIGNED:		DATE SIGNED:	