

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

BMI-FORM-SLS-002

Biosite
MEDICAL INSTRUMENTS

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PREPARED BY		ENDORSED BY		APPROVED BY	
<div>Employee's Signature</div> <div>(Signature over Printed Name)</div>		<div>National Sales Director</div> <div>(Signature over Printed Name)</div>		<div>President/Vice-President/National Sales Director</div> <div>(Signature over Printed Name)</div>	
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:	

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