Biosite
MEDICAL INSTRUMENTS

REBATES/TPC REQUEST FORM

FINANCE AND ACCOUNTING DEPARTMENT

REQUESTED BY		DATE REQUESTED	
ACCOUNT		DATE RELEASED	

DESCRIPTION/ITEMS	SI/CI NO.	CR/OR NO.	AMOUNT	%	TOTAL AMOUNT
				GRAND TOTAL	

REMARKS:

☐ APPROVE ☐ DISAPPROVE

☐ ACCT NAME/NO: _____
☐ CHECK NO: _____
☐ AMOUNT: _____

PREPARED BY	VERIFIED BY	APPROVED BY
Employee's Signature *(Signature over Printed Name)*	RACHEL CARTAGENA Finance & Accounting Director DATE SIGNED:	JULIE ANN S. GELACIO Vice President DATE SIGNED:

BMI-FORM-FAA-004

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