

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	<div>COST PER PAX</div>
DESCRIPTION		QTY	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 (<i>Current Year</i>): PHP _____ REMARKS: _____ TOTAL SALES (<i>Last Year</i>): PHP _____ REMARKS: _____	
PREPARED BY		APPROVED BY	
<div>Employee's Signature</div> <div>(Signature over Printed Name)</div>		<div>SHEERE ANN BARNES</div> <div>National Sales Director</div> <div>DATE SIGNED:</div>	
		<div>PRESIDENT / VICE-PRESIDENT / COO</div> <div>DATE SIGNED:</div>	

BMI-FORM-SLS-002

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