

REPRESENTATION REQUEST

DIOS	ite								FORM		
MEDICAL INST	RUMENTS										
CASH ASSISTANCE	ACCOMMODATION TRANS	SPORTATION	REGISTRATION FEE	ME	ALS OTHE	ERS		SALES	DEPARTMENT		
EMPLOYEE NAME					DATE NEEDED						
DEPARTMENT				POSITION							
ACCOUNT NAME				DISTRICT/ AREA							
ACTIVITY				NO PE	R PAX	COST PER PAX					
	I	QTY			10	NIT	UNIT COST	TOTAL AMOUNT			
								GRAND TOTAL	L		
FINANCIAL	INFORMATION			SALES INFORMATION							
TOTAL EXPENSES:			TOTAL SALES (Current Year): PHP				ARE THE EXISTING MACHINES INSTALLED?				
DUE TO: CHARGE TO: SALES MARKETING		-	TOTAL SALES (Last Year): PHP				RTV PURCHASED PROJECT NONE NAME OF MACHINE/S:				
REMARKS:			REMARKS:			REMARKS:					
Debit OcheckOcash		ENDORSED	ENDORSED BY				APPROVED BY				
Employee's Signature (Signature over Printed Name)		DATE SIGNED:	STEPHEN C. HERNANDEZ National Sales Director DATE SIGNED:			President / Vice-President DATE SIGNED:					
BMI-FORM-SLS-002											
Bios MEDICAL INST					REPR	ESEN'	TAT	ION RE	QUEST FORM		
		CDODTATION,	DECICEDATION SEE		ALS COTUS	TDC		SALES	DEPARTMENT		
CASH ASSISTANCE	_ACCOMMODATIONTRAN:	SPORTATION	REGISTRATION FEE		NEEDED	:r3					
DEPARTMENT											
ACCOUNT NAME				POSITI	CT/ AREA						
ACCOUNT INAIVIE			LUSIKI	LI/ AREA							

CASH ASSISTANCE	ACCOMMODATION TRANSF	PORTATION REGISTRATION FEE	MEA	ALS OTHE	RS		SALE	S DEPARTMEN	IT		
EMPLOYEE NAME			DATE I	NEEDED							
DEPARTMENT			POSITI	ON							
ACCOUNT NAME		DISTRI	CT/ AREA								
ACTIVITY		NO PER PAX			COST	PER PAX					
DESCRIPTION				QTY		UNIT UNIT COST		T TOTAL AMO	UNT		
FINANCIAL INFORMATION				GRAND TOTAL SALES INFORMATION							
		TOTAL SALES (Current Year): PHP									
TOTAL EXPENSES:											
DUE TO:		REMARKS:			PROJECT PROJECT						
CHARGE TO: SALES MARKETING		TOTAL SALES (Last Year): PHP				ME OF MACHINE/S:					
REMARKS: Ocheck Ochec		REMARKS:			REMARKS:				_		
PREPARED BY	Cash	ENDORSED BY		APPROVED BY							
Employee (Signature ov	e's Signature er Printed Name)	STEPHEN C. HERNANDEZ National Sales Director DATE SIGNED:			President / Vice-President						
BMI-FORM-SI S-002											