

## REPRESENTATION REQUEST

DIOS							FORM				
MEDICAL INST	RUMENTS					_					
CASH ASSISTANCE	ACCOMMODATION TRAN	ISPORTATION REGISTRATION FEE	ME/	ALS OTHE	ERS	SAL	ES DEPARTMENT				
EMPLOYEE NAME			DATE NEEDED								
DEPARTMENT			POSITION								
ACCOUNT NAME			DISTRICT/ AREA								
ACTIVITY			NO PER PAX			COST PER PAX					
DESCRIPTION				QTY	UNIT UNIT CO		OST TOTAL AMOUNT				
						GRAND TO	OTAL				
FINANCIAL	. INFORMATION		SALES INFORMATION								
TOTAL EXPENSES:		TOTAL SALES (Current Year): PHP  REMARKS:  TOTAL SALES (Last Year): PHP  REMARKS:			ARE THE EXISTING MACHINES INSTALLED?  RTV PURCHASED FUTURE NONE  NAME OF MACHINE/S:  REMARKS:						
PREPARED BY	k Cash	ENDORSED BY	ENDORSED BY				APPROVED BY				
<b>Employee</b> (Signature ove	' <b>'s Signature</b> er Printed Name)	National Sales Manager (Signature over Printed Name)  DATE SIGNED:			President/VP/GM (Signature over Printed Name)  DATE SIGNED:						
BMI-FORM-SLS-002											
Bios MEDICAL INST				REPR	<b>ESEN</b> <sup>7</sup>	TATION R	REQUEST				
CASH ASSISTANCE	ACCOMMODATION TRAN	SPORTATION REGISTRATION FEE	E ME	ALS OTHE	ERS	SAL	ES DEPARTMENT				
EMPLOYEE NAME			DATE I	NEEDED							
DEPARTMENT			POSITI	ON							
ACCOUNT NAME			DISTRI	CT/ AREA							
ACTIVITY			NO PE	R PAX		COST PER PAX					

CASH ASSISTANCE	ACCOMMODATION TRANS	PORTATION REGISTRATION FEE	MEA	ALS OTHE	ERS		SAL	ES D	EPARTMENT		
EMPLOYEE NAME				DATE NEEDED							
DEPARTMENT				ON							
ACCOUNT NAME				DISTRICT/ AREA							
ACTIVITY				NO PER PAX		COST	PER PAX				
DESCRIPTION				QTY		UNIT	UNIT COST		TOTAL AMOUNT		
							CDAND TO	TA I			
FINANCIAL INFORMATION				GRAND TOTAL   SALES INFORMATION							
TOTAL EXPENSES:		TOTAL SALES (Current Year): PHP			ARE THE EXISTING MACHINES INSTALLED?						
CASH ADVANCES: DUE TO:		REMARKS:						NONE			
CHARGE TO: SALES MARKETING		TOTAL SALES (Last Year): PHP									
REMARKS:    Debit   Check   Cash   Ca		REMARKS:			REMARKS:						
PREPARED BY	Casii	ENDORSED BY			APPROVED BY						
Employe (Signature	ee's Signature over Printed Name)	National Sales Manager (Signature over Printed Name)			President/VP/GM (Signature over Printed Name)						
RMI-EOPM-SI S-002		DATE SIGNED:			DATE SIG	DATE SIGNED:					