

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: _____ 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 (Current Year): PHP _____ REMARKS: _____ TOTAL SALES (Last Year): PHP _____ REMARKS: _____	ARE THE EXISTING MACHINES INSTALLED? <input type="checkbox"/> RTV <input type="checkbox"/> PURCHASED <input type="checkbox"/> FUTURE PROJECT <input type="checkbox"/> NONE NAME OF MACHINE'S: _____ REMARKS: _____
PREPARED BY	ENDORSED BY	APPROVED BY
<p style="text-align: center;">Employee's Signature <i>(Signature over Printed Name)</i></p>	<p style="text-align: center;">SHEERE ANN BARNES National Sales Director</p> <p>DATE SIGNED:</p>	<p style="text-align: center;">PRESIDENT / VICE-PRESIDENT / COO</p> <p>DATE SIGNED:</p>