LA SALLE UNIVERSITY OZAMIZ, INC.

PAYMENT REQUEST FORM

	1.5	(For Non-PO Requisitions)				
Date Prepared:			Form: PR02-NPO		NPO	
Payee:			ID #:	Ext. #:	Ext. #:	
Purpose:						
ATTACH SUF	PPORTING DOCUMENTS (Original invo	ice, letters, brochures, contract	ts, etc.)			
		Accounting Details	, ,			
Department/		Accounting Details	Activity	Budget		
Unit/Fund	Description	Description		(if applicable) Ref. Amou		
0 333 0 333 0	,		(=)	2303		
Totals	Within budget:	Unbudgeted	:	Grand total		
Less amount ad						
	Name:	ID #				
Add unused cash advanced returned: Receipt #:						
			Bala	nce requested		
Noted by		Recommending approval:	App	roved by		
Name: Title	Name: Title:	Rose Aimee G. Mangao Controller	Elsie L. Dajao, DA Chancellor			
Prepare in duplicate. Copy 1: Accounting Office Copy 2: Requisitioning Department/Unit.			Chancellor			
		UNIVERSITY OZAM AYMENT REQUEST FORM (For Non-PO Requisitions)	IIZ, INC.			
Date Prepared:	Date Required:	Dept.:		Form: PR02-	NPO	
Payee:	Bate Regunea.	трори.	ID #: Ext. #:			
Purpose:						
ATTACH SUF	PPORTING DOCUMENTS (Original invo	ice, letters, brochures, contract	ts, etc.)			
Department/		Tree and Betains	Activity	Budget		
Unit/Fund	Description		(if applicable)	Ref.	Amount	
Totals	Within budget:	Unbudgeted	:	Grand total		
Less amount ad	vanced: Name:	ID#	·•	1		
Add unused cash advanced returned: Receipt #:				-		
Balance requested						

Noted by Recommending approval: Approved by

Name: Rose Aimee G. Mangao Elsie L. Dajao, DA

Title Title: Controller Chancellor