

LA SALLE UNIVERSITY OZAMIZ, INC.

PAYMENT REQUEST FORM

(For Non-PO Requisitions)

Date Prepared:	Date Required:	Dept.:	Form: PR02-NPO
Payee:	ID #:	Ext. #:	
Purpose:			

ATTACH SUPPORTING DOCUMENTS (*Original invoice, letters, brochures, contracts, etc.*)

Accounting Details				
Department/ Unit/Fund	Description	Activity (if applicable)	Budget Ref.	Amount
Totals	Within budget:	Unbudgeted:	Grand total	
Less amount advanced:				
Name: _____		ID #: _____		
Add unused cash advanced returned: _____		Receipt #: _____	Balance requested	

Noted by	Recommending approval:		Approved by
Name:	Name:	Rose Aimee G. Mangao	Elsie L. Dajao, DA
Title	Title:	Controller	Chancellor

Prepare in duplicate. Copy 1: Accounting Office Copy 2: Requisitioning Department/Unit.

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