



PAYMENT REQUISITION SLIP

Date: _____

TO: FINANCE & CONTROLLERSHIP DEPARTMENT

AMOUNT: _____
_____ (P _____)

PURPOSE: _____

DUE DATE: _____

CHARGEABLE: _____

RECOMMENDED FOR PAYMENT BY:

APPROVED BY:

(Unit Head / Administrator / Director)

(Division's Vice Chancellor)

PAYABLE TO:

(Name of Recipient)

August 26, 2019 I-FCD-F01-3



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