(Name of Recipient)

PAYMENT REQUISITION SLIP

	Date:
TO: FINANCE & CONTROLLERSHIP DEPARTM	ENT
AMOUNT:	(P)
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-F0
MEDICAL AND HEALTH SCIENCES INSTITUTE Thatturing 78 LITE	FINANCE AND CONTROLLERSHIPDE PART MENT Dasmariñas, Cavite Philippines
PAYMENT	T REQUISITION SLIP
	Date:
TO: FINANCE & CONTROLLERSHIP DEPARTM	ENT
AMOUNT:	(*
PURPOSE:	
DUE DATE:CHARGEABLE:	
RECOMMENDED FOR PAYMENT BY:	APPROVED BY:
RECOMMENDED FOR PAYMENT BY: (Unit Head / Administrator / Director)	