## LA SALLE UNIVERSITY OZAMIZ, INC.

## PAYMENT REQUEST FORM

	(For Non-PO Requisitions)				
Date Prepared:	Date Required:	Form:	PRO2-NPO		
Payee: Dept.:					
Purpose:					
	ING DOCUMENTS (Original invoice, letters, brock	nures cont	racts etc )		
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	Accounting Details				
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	J		Grand Total	l	
Requested by	Approved by the Unit Head:		Budget Verified by		
Signature Over Printed Name: Signature over Printed Name  To keep a copy, prepare in duplicate.			Controller		
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Signature Over Printed Name:	Signature over Finited Name		Controller		

To keep a copy, prepare in duplicate.