



# DE LA SALLE ARANETA UNIVERSITY

Salvador Araneta Campus, Victoneta Avenue, Malabon City

No. \_\_\_\_\_

## PAYMENT REQUISITION FORM

TO: FINANCE OFFICE

Date: \_\_\_\_\_

FROM: \_\_\_\_\_

Requisitioner

Manner of Payment: (Check applicable box)

By Check

By Book Transfer

\_\_\_\_\_

(Dept./Unit/College)

THRU: \_\_\_\_\_

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

AMOUNT: (In words) \_\_\_\_\_

(In figures) \_\_\_\_\_

PAYEE/S: \_\_\_\_\_

BUDGET ALLOCATION: \_\_\_\_\_ PURPOSE/S \_\_\_\_\_

CODES: \_\_\_\_\_

BUDGET CLEARANCE: \_\_\_\_\_

ENDORSED BY: \_\_\_\_\_ REMARKS: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

(Please submit ORIGINAL & DUPLICATE copies of this form together with supporting documents to Accounting)

ORIGINAL COPY - ACCOUNTING \* DUPLICATE - MASTER COPY \* TRIPPLICATE - REQUESTING UNIT