



CITY GOVERNMENT OF DAVAO
Office of the City Accountant



Date-Req. No.# _____

REQUEST SLIP

AGENCY:

<input type="checkbox"/>	GSIS
<input type="checkbox"/>	HDMF
<input type="checkbox"/>	SSS
<input type="checkbox"/>	BIR
<input type="checkbox"/>	Cooperatives
<input type="checkbox"/>	LBP
<input type="checkbox"/>	ONB

CERTIFICATION:

<input type="checkbox"/>	Premium
	Date Started: _____
<input type="checkbox"/>	Loan
	Date Started: _____
<input type="checkbox"/>	Form 2306/2307
<input type="checkbox"/>	Form 2316
<input type="checkbox"/>	Accountant's Advice

<input type="checkbox"/>	Payslip, Period Covered: _____
<input type="checkbox"/>	Certification of Salary Received
<input type="checkbox"/>	Index of Payments
<input type="checkbox"/>	Disb. Voucher / Payroll (Photocopy)
<input type="checkbox"/>	No Travel Claim
<input type="checkbox"/>	Others (please indicate)

Purpose of Request: _____

Requested by:

Approved by:

Signature Over Printed Name / Employee No.

VINGELIN A. BAJAN
City Accountant

Prepared by: _____ **Date Released** _____ **Received by:** _____