PAYMENT REQUISITION FORM (PRF)

MARK AN X : ☐ **CREW REIMBURSEMENT** ☐ **PREPAYMENT** ☐ **BILL TO COMPANY** ☐ **DEBIT ACCOUNT** (Landbank)

INITIATING DEPARTMENT/SECTION : _____ **DATE :** _____

FORM OF PAYMENT : _____ Cash _____ Check _____ Bank Remittance _____ Credit Card

PURPOSE OF EXPENSE :

Crew Documentation;

- ☐ Medical, Cholera/Yellow Fever Vaccine
- ☐ POEA Contract Processing
- ☐ Flagstate Application/Endorsement
- ☐ US Visa
- ☐ Training

Others;

_____
_____
_____
_____
_____

	PARTICULARS				REFERENCE	AMOUNT	REMARKS
	RANK	NAME	VESSEL	DATE APPROVED			
1							
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3							
4							
5							
6							
7							
8							
9							
10							
ITEMIZED EXPENSE DESCRIPTION							
TOTAL AMOUNT PAYABLE							

SPECIAL INSTRUCTIONS:

REQUESTED BY: _____ Date : _____

APPROVED BY: _____ Date : _____

IMPORTANT NOTICE: Non-submission of this Form prior making any arrangement is a Non-conformity in the procedure.

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