

PROVINCE OF BATANGAS
Capitol Site, Batangas City 4200
OFFICE OF THE PROVINCIAL ACCOUNTANT

REQUEST FORM

Please provide information in the spaces provided. Please check (appropriate box(es).

Employee Name: _____
Company Name (for contractors only) : _____
Office: _____
Applicable Year: _____
Applicable Month: _____
Request for: _____

- | | |
|--|--|
| <input type="checkbox"/> CERTIFICATE OF LAST SALARY | <input type="checkbox"/> CERTIFICATE OF PREMIUM CONTRIBUTION |
| <input type="checkbox"/> CERTIFICATE OF COMPENSATION PAYMENT/TAX WITHHELD
(BIR FORM 2316) | <input type="checkbox"/> GSIS |
| <input type="checkbox"/> CASUAL | <input type="checkbox"/> PAG IBIG |
| <input type="checkbox"/> PERMANENT | <input type="checkbox"/> PHILHEALTH |
| <input type="checkbox"/> CERTIFICATE OF LOAN PAYMENT | <input type="checkbox"/> ERF 1 (HOSPITALS) |
| <input type="checkbox"/> GSIS | <input type="checkbox"/> BIR FOR 2306/2307 |
| <input type="checkbox"/> PAG IBIG | TIN: _____ |
| <input type="checkbox"/> CERTIFICATE OF DEDUCTION (KOOP BATANGAN) | <input type="checkbox"/> Form 2306 |
| <input type="checkbox"/> PAYSリップ(Please attach the receipt) | <input type="checkbox"/> Form 2307 |
| | <input type="checkbox"/> Photocopy of Documents |
| | <input type="checkbox"/> Others(please specify): _____ |

Prepared By: _____

Received By: _____

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