 PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

 The National Organization of Certified Public Accountants

REQUEST FOR BILLING STATEMENT

***This form is to be filled-up by the prospective participant/s:*** This will serve as a basis to support request for payment of seminar fees of employees attending PICPA seminars. This request is to be processed in advance to support the check preparation at least one week before the seminar date.

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| --- |
| **COMPANY/FIRM:**  |
| **COMPANY ADDRESS:** |
| **COMPANY TIN :** |
| **NAME OF AUTHORIZED OFFICIAL:** | **SIGNATURE OF AUTHORIZED OFFICIAL:** |
| **POSITION:**  |  |
|  |  |

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| --- | --- |
| ***OTHER BILLING INFORMATION*** |  |
| **Contact person other than the signatory:**  |  |
| **Position of contact person:**  |  |
| **Email address:**  |  |
| **Land phone/s:**  |  |
| **Mobile phone/s:**  |  |

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| --- | --- |
| **DATE OF SEMINAR/S :** | **TITLE OF SEMINAR/S :** |
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***To be filled up by participants To be filled-up by PICPA***

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| --- | --- | --- | --- | --- | --- | --- |
| **NAME OF PARTICIPANTS** | **CPA NO.** |  | **STATUS** | **FEE**  | **DAYS** | **TOTAL FEES** |
| **FAMILY NAME** | **GIVEN NAME** | **M.I.** |  |  | (MGS/NMGS/NM) | (PhP) |  | (PhP) |
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|  |  |  |  | ***TOTAL AMOUNT TO BE PAID*** | **P 00.00** |