

PROFORMA PAYMENT FORM
(Appendix to Section 1102)

BANGKO SENTRAL NG PILIPINAS
 Manila

 (Name of Department/Office)

FOR -

The Director
 Cash Department

Please issue OFFICIAL RECEIPT to _____ (name of payor) as
 payment of _____ (nature of payment) and effect the following accounting entries:

Account	Code	Account Title/Description Accountee Type/Code/Name	DR/CR	Amount
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Total Debit P _____
 Total Credit P _____

Approved by: _____
 (Name of BSP Official/Position)

Date: _____

Received by: _____

Official Receipt No: _____

Date: _____

Date: _____