

**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: \_\_\_\_\_