



REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG INGATANG-YAMAN
(BUREAU OF THE TREASURY)
(Regional Office)

BTr FORM 3

Date: _____

Mr./Ms. _____
Position/Title _____
Requesting NGA _____
Address _____

Sir/Madam:

This is to authorize _____ (Name of NGA), to place a re-order of _____ booklet(s) of MDS check for payments of accounts payable that cannot be paid through ADA for the following account:

Account Name: _____

Account Number: _____

Bank and Branch: _____

Truly yours,

Name/Signature of Authorized BTr Official

cc: The Branch Manager
Name of AGSB
Address

Address
Contact No:
Email:
Website: