**UPLBFI ROUTING SLIP**

**\* *Required fields***

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Origin Office:** |  |  |  |
| **\*Contact Person:** |  |  |  |
| **\*Contact Number(s):** |  |  |  |
| **\*Email Address:**  |  | **RECEIVED BY:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | **TYPE OF DOCUMENT** | **NAME/PAYEE NAME** | **FUND CODE** | **PARTICULARS** | **AMOUNT** | **TRACER NO.** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |

***NOTE: To be prepared in DUPLICATE one (1) copy to the requesting party and one (1) copy for UPLBFI.***

***Tracer number(s) will be sent thru email.***