

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						
3						
4						
5						
6						
7						
8						
9						
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11						
12						
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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.