

Digital Payment Request Form

Please fill out this template to initiate a new digital payment request.

REQUESTER INFORMATION

Full Name

Enter your full name

Email Address

you@example.com

Department

e.g. Finance

PAYMENT DETAILS

Amount (USD)

Payment Method

Select method

Payment Date

Purpose of Payment

Briefly describe the reason for this payment

Beneficiary Name

Payee's full name

Beneficiary Account Details

Bank account or digital wallet info

APPROVAL

Approver Name

Name of authorized approver

Approval Date

IMPORTANT NOTES

- Ensure all information provided is accurate and complete to avoid processing delays.
- Attach supporting documents where required (e.g., invoices, receipts).
- Payment requests may be subject to internal review and approval before processing.
- For any queries or urgent requests, contact your finance/payments department.
- Keep a copy of the completed form for your records.