

Vendor Payment Authorization Form

Vendor Information

Vendor Name: _____

Vendor ID/Number: _____

Contact Person: _____

Email/Phone: _____

Payment Details

Invoice Number: _____

Invoice Date: _____

Amount to be Paid: _____

Payment Due Date: _____

Payment Method: Bank Transfer Check Other

Bank Account (if applicable): _____

Payment Description: _____

Authorization

Prepared By (Name/Dept.): _____

Date: _____

Authorized By (Name): _____

Signature: _____

Date: _____

Important Notes

- Ensure all required fields are completed before submission.
- Attach a valid invoice and supporting documents for each payment request.
- Payments will only be processed after proper authorization and verification.
- Incorrect or incomplete forms may delay the payment process.
- Maintain copies of this form and all related documents for your records.