

Vendor Payment Order Form

Document No.: | Date:

Vendor Information

Name

Vendor Name

Vendor ID

ID Number

Contact

Contact Number

Address

Vendor Address

Payment Details

Payment Method

Select

Payment Date

Reference No.

Transaction Reference

Items / Services Ordered

Description	Quantity	Unit Price	Tax (%)	Amount
<input type="text"/> Item or Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Item or Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Item or Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount				<input type="text"/>

Remarks / Notes

Enter any additional information or remarks

Authorized By:

Name/Signature

Received By (Vendor):

Name/Signature

Important Notes:

- Ensure all payment details and vendor information are accurate before submission.
- Retain a signed copy of this form for record-keeping and audit purposes.
- This document serves as official proof of payment request and authorization.
- Any alteration or correction must be validated by both parties.
- Attach all supporting documents such as invoices or receipts.