

Payment Authorization Request Form

Requester Information

Full Name

Department

Date

Payment Details

Payee Name

Payee Address

Amount

Currency

USD

Payment Date

Purpose of Payment

Payment Method

Bank Transfer

Reference or Invoice Number

Authorization

Requested By (Signature & Date)

Approved By (Signature & Date)

Important Notes

- Ensure all information provided is accurate and complete.
- This form must be authorized by relevant personnel before processing payment.
- Attach supporting documents such as invoices or contracts.
- Unauthorized payment requests may result in disciplinary action.
- Retain a copy of the completed form for your records.