

Payment Authorization Request Form

Requester Information

Full Name

Department

Date

Payment Details

Payee Name

Payee Address

Amount

Currency

 ▼

Payment Date

Purpose of Payment

Payment Method

 ▼

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.