

# Simplified Payment Request Form

Date:

YYYY-MM-DD

Request No.:

e.g. 2024-001

Payee Name:

Full Name or Company Name

Contact Info:

Phone/Email

Payment Description:

Reason for payment, details, invoice ref, etc.

Payment Details:

Item/Service	Amount	Remarks
<div>e.g. Consulting Fee</div>	<div>\$0.00</div>	<div>Optional</div>
<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>
Total	<div>\$0.00</div>	

Payment Method:

e.g. Bank Transfer, Cash, Cheque

Requested By

Date:

Approved By

Date:

Important Notes:

- Ensure all payment details and justifications are clearly provided.
- Attach supporting documents (invoices, receipts, contracts) where applicable.
- Obtain all necessary approvals prior to submission for processing.
- Retain a copy of this form for your records.
- This form is for internal use and audit trail purposes only.

