Cheque Payment Request Form

Request No.

Date

Department

Payee Name

Payee Address

Amount (in figures)

Amount (in words)

Purpose/Details

Expense Account Code

_____

Requested By

_____

Recommended By

_____

Approved By

Important Notes:

- All details must be filled accurately to avoid processing delays.
- Attach supporting documents such as invoices or approvals where necessary.
- Signatures of authorized personnel are mandatory for processing.
- Alterations or overwriting should be countersigned for verification.