

One-Time Payment Approval Form

Request Date

Payment Amount

Enter amount

Currency

Select

Payee Name

Enter payee's full name

Payee Account / Payment Details

Bank account or payment details

Purpose / Description

Describe the purpose of this payment

Requested By

Name

Department

Department

Contact

Email or Phone

Supporting Documentation (if any)

List filenames, receipts, etc.

Requested By (Signature & Date)

Approved By (Signature & Date)

Finance Review (Signature & Date)

Important Notes

- Ensure all required fields are complete and accurate before submission.
- Attach all relevant supporting documents to facilitate prompt approval.
- The form must be signed by authorized approvers as per company policy.
- One-time payments are subject to review and compliance checks by the finance team.
- Keep a copy of this form for your records and future reference.

