

Simplified Payment Request Form

Request No.

e.g. SPRF-2024-001

Date

Department

e.g. Finance

Payee Name

Person or Company to be paid

Account No.

Bank Account Number

Amount

Purpose / Description

Brief description of payment

Payment Details

#	Description	Amount
1	<div>e.g. Service Fee</div>	<div></div>
2	<div>e.g. Materials</div>	<div></div>
3	<div>e.g. Other</div>	<div></div>

Requested By

Full Name

Signature

Sign here

Approved By

Full Name

Signature

Sign here

Approval Date**Important Notes:**

- All requested fields must be completed for payment processing.
- Ensure that supporting documents are attached where necessary.
- This form requires appropriate authorization before submission.
- Incomplete or incorrect information may delay payment.
- Retain a copy of the completed form for your records.