

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 purpose

Payment Details

#	Description	Amount
1	e.g. Service Fee	
2	e.g. Materials	
3	e.g. Other	

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.