

Vendor Payment Internal Request Form

Requester Information

Name

Enter your name

Department

Enter department

Date

Vendor Details

Vendor Name

Vendor full name

Vendor ID (if any)

Vendor unique ID

Vendor Address

Vendor complete address

Payment Information

Invoice Number

Invoice number

Invoice Date

Due Date

Payment Amount

Currency

USD, EUR, etc

Payment Method

Select method

Purpose/Description

Describe the purpose or details of the payment

Supporting Documents

List of Attached Documents

List invoices, receipts, contracts, etc.

Approval

Approver Name

Full name

Approver Signature

(Sign or type name)

Date

Important Notes

- All required fields must be completed before submission.
- Attach all supporting documents such as invoices, contracts, and receipts.
- Incorrect or incomplete information may delay vendor payment processing.
- Approval from the authorized signatory is mandatory.
- Keep a copy of this form and documents for your records.