

Vendor Payment Order Form

Payment Details

Payment Order No.: _____/2024

Date of Issue: ____/____/2024

Prepared By: _____

Vendor Information

Vendor Name: _____

Vendor Address: _____

Contact Person: _____

Phone / Email: _____ / _____

Invoice Details

Invoice No.	Invoice Date	Description	Amount
_____	____/____/2024	_____	_____
_____	____/____/2024	_____	_____
Total _____			_____

Payment Instructions

Payment Method: Bank Transfer Cheque Others: _____

Bank Account Name: _____

Bank Account No.: _____

Bank Name & Branch: _____

Authorization

Name	Signature	Date
Prepared By	_____	____/____/2024
Approved By	_____	____/____/2024
Finance Verification	_____	____/____/2024

Important Notes

- This form must be fully completed, signed and authorized before processing any payments.
- Attach all supporting documents such as original invoices and purchase orders.
- Ensure bank and vendor details are accurate to avoid payment errors.
- Maintain a copy of the form and documents for record-keeping and audit purposes.

- Any discrepancies or incomplete information may delay payment processing.