

Payroll Disbursement Approval Request Form

Company Name

Enter company name

Department

Enter department

Date

Prepared By

Name

Position

Position

Payroll Period

e.g., 01-15 June 2024

Payroll Details

Employee ID	Name	Position	Gross Pay	Deductions	Net Pay	Remarks
EMP001	Jane Doe	Accountant	\$2,200.00	\$200.00	\$2,000.00	-
EMP002	John Smith	Analyst	\$2,000.00	\$150.00	\$1,850.00	-
Total			\$4,200.00	\$350.00	\$3,850.00	

Purpose / Remarks

Enter any relevant remarks or details.

Disbursement Method

e.g., Bank Transfer, Cheque

Prepared By

Date: _____

Reviewed By

Date: _____

Approved By

Date: _____

Important Notes:

- This form should be reviewed and approved before any payroll funds are released.
- All supporting documents must be attached and verified for accuracy.
- Unauthorized approval or disbursement may result in disciplinary action.
- Ensure employee information and payment amounts are correct before submission.
- Keep this form for audit and record-keeping purposes.