

LOGO

# Payment Request Form

Date

DD/MM/YYYY

Payment Request No.

e.g., 2024-0012

Department

Requested By

Contact No.

## Payee Information

Payee Name

Bank Name

Bank Account No.

IFSC / SWIFT Code

Payment Method

e.g., Bank Transfer, Cheque

## Payment Details

#	Description	Amount	Remarks
1	Enter purpose/details	0.00	
2			
3			
Total		0.00	

Amount in Words

Purpose/Justification

Requested By (Sign/Date)

Manager Approval (Sign/Date)

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Accounts Approval (Sign/Date)

**Important Notes:**

- All payment requests must be supported with relevant documents/invoices.
- Ensure accuracy of payee details and bank account information.
- Requestor and authorized approvals are mandatory before payment processing.
- Incomplete forms may cause delay in processing payments.
- This form is for internal use only.