

Payment Request

Document No.: _____

Date: ____/____/____

Requested By: _____

Department/Unit: _____

Payee Name: _____

Payee Bank Account: _____

Payment Details

Description	Amount	Remarks
_____	_____	_____
_____	_____	_____
Total	_____	

Purpose / Reason for Payment

Requested By:

Date: ____/____/____

Approved By:

Date: ____/____/____

Important Notes:

- Ensure all payment details and account information are accurate before submission.
- Attach all relevant supporting documents (e.g., invoices, receipts).
- Obtain all necessary approvals before processing the payment.
- Retain a copy of this form for your records.
- This document must comply with the organization’s financial policies and procedures.