

PAYMENT REQUEST FORM

Payee:						
Grade:		Job	Location: _			
Amount: €		(in words)				
PARTICULARS	S:					
Narrative information/details				AMOUNT	VAT	TOTAL
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PLEAS	E NOTE: Cost Ce submiss	sion to HR (T&D Ur			ibiete pelore	
COST CENTRE	DETAILS:					
PROJECT						
GL Code:						
Location:						
Paguantad by				Date:		
Requested by:	Applicant			Date.		
Authorised by:	Department Head	1/5 : : //4.50		Date:		
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O	nce authorised, pl	iease iorward this	TOTIN TO THE	ı &⊅ UNIT, HK I	vepartment.	
Received (T&D Unit):						
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