

PAYMENT REQUISITION FORM

COMPANY NAME :	
ACCOUNT/BANK NAME :	
ACCOUNT NUMBER :	
EMAIL NOTIFICATION :	
PIC :	DEPT :
RE :	DATE :

NO.	PARTICULARS	PAYMENT DATE	AMOUNT (RM)
1.			
TOTAL			

*** Kindly attached together with

Invoice

Receipt (Update Payment)

Request Payment

Others: _____

Prepared by (PIC): _____ Name : _____ Date : _____	Verified by (COD): _____ Name : _____ Date : _____	Approved by (HR): (if applicable) _____ Name : _____ Date : _____	Approved by (CEO): (if applicable) _____ Name : _____ Date : _____
--	--	--	---