

FINANCE DIRECTORATE

PAYMENT REQUEST FORM

DEPARTMENT (UNIT): DATE.....

PAYEE (Name) :

Designation &Address

PURPOSE/REASON:

.....
.....AMOUNT REQUESTED: GH¢ (*In figures*)

Amount in words:

.....
.....

NB: Attach VAT invoices, Good/Work certification form, Low Value & Minor Procurement form, copy of contract where applicable and any other relevant supporting documents. All columns must be filled out.

Signature of Requester Name of Requester :

Designation of Requester

APPROVED BY: (*VC, PRO-VC, PROVOST, REGISTRAR, DEAN, DIRECTORS.*)

Name..... Signature.....

Designation..... Date.....

For Finance/Internal Audit Office Use Only.

SUPPORTED BY: (DIRECTOR OF FINANCE OR REPRESENTATIVE)

Name..... Designation.....

Signature & Date

CAPTURED/ PROCESSED BY:**SYSTEM APPROVAL BY:**

Name.....

Name.....

Signature & Date

Signature & Date

REVIEWED BY: (INTERNAL AUDIT)

Name.....

Designation:.....

Signature & Date

CHEQUE/TRANSFER AUTHORISED BY: (AUTHORIZED SIGNATORIES)

Name.....

Signature.....

Designation.....

Date.....

Name.....

Signature.....

Designation.....

Date.....