	Developing Lo		a
	Private Bag, Mbagathi 00		m
	ayment Request	Approval For	
A. REQUEST F	-		
Name of Applicant:		Department:	
Description/Reason for	Payment:		
Person/Organisation to	be paid:		
Amount in Words:			
		Amount in Figures:	
Mode of Payment:			
□ Cash			
Cheque Denominational	Inter Organization Transfer		
Denominational Division:	Inter-Organisation Transfer	Union:	
_	licate additional information here)		
Bank Transfer	Bank		
Name of Ba		Branch:	
Bank Code		Swift Code:	
Account Nu		Account Name:	
Applicant Signature:			Date:
	TION		
B. AUTHORIZA Account Code to be de			Date:
Budget Holder	Name:	Signature:	
Immediate Supervisor			
	Name:		
Next Level Approver	Name:	Signature:	Date:
Committee Details	Name of Committee:	Cor	mmittee Action No.:
	h relevant backup documents full working days between the date of submiss	ion of this form and the date you would lik	ke the cash to be paid out.
C. FINANCE OF	FICE USE ONLY Function Description		Amount
0000			Anoun
		TOTAL	
Additional Debit Ins	structions:	TOTAL	
Checked by:			
Oneoneu Dy.	Name	Signature	Date Stamp
D. PAYMENT T	RAIL (Finance Office Use Only)		
Denomination Ir	ter-Organisation Transfer:		
Credit Card Pay	ment:		
Bank Transfer:			_
Cash:	Disbursed by (Name):	Signature:	Date:

Signature:

Amount:

Date:

Received by (Name):