

Request for Payment (RFP)

To be completed by department



Please arrange for payment and/or reimbursement to :

Staff / Student / Vendor Number:

Payee's Name (in capital letter, per bank records) :

Payment
Currency : _____

Amount : _____

Purpose/Particulars of Payment:

Additional Information, where applicable :

- o Bank Charges on Payment by TT: *(please select)*

Default

(NUS bears local bank charges, payee bears foreign bank charges)

OP

(NUS bears all bank charges)

BE

(Payee bears all bank charges)

Payment Details :

#	Debit (DR) / Credit (CR)	GL Account No. / Fixed Asset No.	Amount	GST Code	WBS No.
1		7200409			H-469-00-000002
2					
3					
4					
5					
6					
7					
8					
9					
10					

Name or User ID of Authorised Approving Officer :
(per delegated and maintained in VIM) _____

Prepared By: _____

Verified By: _____

Name and Date

(If same as verifier, this may be left blank)

Name of Cluster / Faculty / Department Finance
Verifier and Date