**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 :**

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

[x]  Default [ ]  OP [ ]  BE

|  |  |  |
| --- | --- | --- |
| (NUS bears local bank charges, payee bears foreign bank charges) | (NUS bears all bank charges) | (Payee bears all bank charges) |

**Payment Details :**

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

|  |  |
| --- | --- |
| **Name or User ID of Authorised Approving Officer :****(per delegated and maintained in VIM)** | angela23 |

|  |  |  |
| --- | --- | --- |
| **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** |