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| **PAYMENT REQUEST FORM** | |
| **RECEIPT NO** |  |
| **NAME OF COMPANY** |  |
| **NAME OF PERSON** |  |
| **PURCHASE ORDER NO.** |  |
| **ADDRESS** |  |
| **PH. NO.** |  |
| **PAYMENT MODE**  **(ADVANCE/FINAL PAYMENT)** |  |
| **TYPE OF PAYMENT** | **PURCHASE/COMMISSION/SALARY** |
| **AMOUNT** |  |
| **COURIER** | **YES / NO** |
| **CHECK LIST** | **Quotation/PO/DELIVERY CHALLAN/Tax Invoice** |
| **AUTHORIZED SIGN** |  |
| **CHEQUE NO.** |  |
| **ACCOUNT SIGNATORY** |  |
| **NOTES** | ` |