### I.O.U Form

Date: No. \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Amount AED** | |  |
| Description |  | |
| Charged to |  | |
| Payee Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Prepared By: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Finance Manager | |

*Notes*

* *Any payment must be supported by original documents*