Date:

**AUTHORIZATION OF PAYMENTS – PAYMENT ORDER 00 / 2017**

From ADIB account number AE-27-050-0000000013521482, please authorize the following payment:

Account Name :

Cheque Number :

Cheque Amount :

Cheque Date :

For :

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Bill Payment |  | Employee Advances |  | Down Payment |  | Allowances |
|  |  | Advance Payment |  | Final and Full Settlement |  | Petty Cash |  | Other |

|  |  |  |  |
| --- | --- | --- | --- |
| Checked and Approved By: | | Authorized By: | |
|  |  | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CFO | NA Executive | | Board Member |
| Date | Date | | Date |

Prepared By: Reviewed By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounts Payable Manager CAO / COO

Date Date