Date:

To : (Bank Name)

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

From ADIB account number AE-27-050-0000000013521482, please issue a manager’s cheque in favour of the beneficiary mentioned bellow:

|  |  |  |
| --- | --- | --- |
| Beneficiary Name | : |  |
| Amount | : |  |
| Cheque Date  For | :  : |  |
|  |  |  |

Kindly handover the cheque to (Name):

Checked and recommended for Payment in line with Current Policies and Procedures

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

Procurement and Tendering Committee Prepared By: Reviewed By: Reference Number

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

Accounts Payable Accountant CAO / COO

Date Date