Date:

To:  **XXX**

XXXX

**REQUEST FOR PAYMENT – EMT-B**

**Employees Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO** | **NAME** | **ARRIVAL DATE** | **POSITION** | **SALARY ADVANCED** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

|  |
| --- |
| **TOTAL Amount AED** |

**Value Date:** please see the above list

**Details:** Copy of the relevant documents are attached.

Requested by:

Approved by: Received by:

**……………………………………………** **……………………………………………**

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

HR & Corporate Services Manager/ Chief Administrative Medical Officer Accounts Payable Accountant

Head of Emiratization Program