Date:

To:  **Charles Arnestad**

Chief Financial Officer

**REQUEST FOR PAYMENT – EMT-B**

**Employees Details**

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

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

**Account:** Mobile Handset Allowances for newly hired staff

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

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

Requested by:

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

**Farah Al Bonni**

Senior Recruitment Officer

Verified by: Approved by: Received by:

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

**Nouf Abdulla Ian Patrick**  **Diluja Kodagoda**

HR and Corporate Services Manager/

Head of Emiratization Program Chief Administrative Officer Accounts Payable Accountant