



Payment Application Form

Date:

Beneficiary		Payer	
Beneficiary's Bank		Ordering Bank	
Beneficiary's A/C		Payer's A/C	
TT/Trust Payment		Amount	
Description:	Treasury Section		
	Signature: _____ Date: _____		
	Budget Section		
	Signature: _____ Date: _____		
	Accounting Section		
	Signature: _____ Date: _____		
	Financial Manager		
	Signature: _____ Date: _____		
	C.F.O.		
	Signature: _____ Date: _____		