

Date:

To:

From:

Subject:

beneficiary:

Invoices Details:

<u>Invoice Number</u>	<u>Description</u>	<u>Amount</u>
Total		

Payment Type: Transfer: ☐ Cheque: ☐ Cash: ☐ Online Payment: ☐

Payment Terms:

Approvals:

	Name	Signature	Date
Requested By			
Direct Manager			
Finance Dep.	Ali Ibrahim		
MD	Ahmed El Ghandakly		