**Request for Payment (RFP)**

*To be completed by department*

**Please arrange for payment and/or reimbursement to :**

|  |  |  |
| --- | --- | --- |
| **Staff / Student / Vendor Number:** |  | **Payee’s Name (in capital letter, per bank records) :** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Payment**  **Currency :** |  |  | **Amount :** |  |

**Purpose/Particulars of Payment:**

|  |
| --- |
|  |

**Additional Information, where applicable :**

* Bank Charges on Payment by TT: *(please select)*

Default  OP  BE

|  |  |  |
| --- | --- | --- |
| (NUS bears local bank charges, payee bears foreign bank charges) | (NUS bears all bank charges) | (Payee bears all bank charges) |

**Payment Details :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Debit (DR) /**  **Credit (CR)** | **GL Account No. / Fixed Asset No.** | **Amount** | | **GST Code** | **WBS No.** |
| 1 | DR |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Name or User ID of Authorised Approving Officer :**  **(per delegated and maintained in VIM)** |  |

|  |  |  |
| --- | --- | --- |
| **Prepared By:** |  | **Verified By:** |
| **Name and Date**  *(If same as verifier, this may be left blank)* |  | **Name of Cluster / Faculty / Department Finance Verifier and Date** |