Mustadim

Controlled Document

PAYMENT REQUEST / CLAIM FORM

F.01001 R1

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Name: Dated: Employee ID:				Department Number:					
				Approved by Manager: Payment Account					
								EXPENSE DETAILS	
Date	Vendor	Invoice Number	Description		Amount in Saudi Riyals				

Notes: 1) Department number and payment account shall be assigned by direct manager.

- 2) Original tax invoices shall be attached to each payment request form item.
- 3) Project related claims shall be done on separate forms, one form for every project.

Signature of named:		Signature of Manager:		Date:	
Controlled Document release approval Signature & Release Date:	Sam Alamoudi	9	2	Date:	lan 1¤ 2021