

**NATIONAL UNIVERSITY OF SINGAPORE
REQUEST FOR PAYMENT TO INDIVIDUAL (RFP)**

To: Shared Financial Service Centre

Please arrange for payment/reimbursement to:

Staff No.

-	-	-	-	-	-
---	---	---	---	---	---

 Student Matric No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Payee's Name (as in bank account):

--

Payee's Mailing Address (only required for external individual):

Payee's Bank Account Details (only required for external individual to be paid by GIRO/TT):

By GIRO:

Bank No.	Branch No.	Account No:																							
<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																

By TT:

Bank's Name: _____
 Bank's SWIFT Code/Routing No. : _____
 Bank's Address: _____
 Bank Account No. : _____

If Intermediary Bank (IB) is applicable, indicate IB's name, IB's SWIFT Code/Routing No., IB's Address and bank account no. with IB:

Amount (\$ / US\$ / £ / Others: _____):

Purpose/Particulars of Payment:

I certify that these expenses were incurred for official purposes and in compliance with University guidelines. Electronic receipts enclosed (if there are any) have not been submitted previously for claiming.

Signature of Payee / Date
 (Signature of claimant is required for reimbursement claims)

For Department's Use:

CO	PK	Vendor/ GL A/C	Amount	GST Code	WBS No./ BA
DT	31				
	40				C-266-000-003-001

Approved By: _____
 PI/Supervisor's Signature / Date

Approved by (only required if this payment is submitted to OFN/Dean's Office for posting on behalf of department):

 Authorised Signatory / Date