

Liberty Payment Request Form

Company Name

Liberty Enterprises

Form Reference Number

LPRF-2024-001

Date of Request

December 20, 2024

Requestor Information

Name of Requestor: Michael Johnson

Employee ID: LIB12345

Department: Accounts Payable

Contact Details:

- Phone: +1-345-678-9101
- Email: michael.johnson@liberty.com

Payee Information

Name of Payee: Sarah Thompson

Contact Details:

- Phone: +1-567-890-1234

- Email: sarah.thompson@vendor.com

Bank Details (for Transfer):

- Account Name: Sarah Thompson
- Bank Name: Liberty Bank
- Account Number: 789456123
- IFSC/Swift Code: LIBB012345

Payment Details

Amount Requested: \$2,500

Currency: USD

Purpose of Payment: Vendor payment for December 2024 contract services.

Payment Due Date: December 22, 2024

Supporting Information

Attached Documents: Invoice #INV-2024-567, Service Agreement

Authorization Section

Requested By:

- Name: Michael Johnson
- Signature: _____
- Date: December 20, 2024

Approved By:

- Name: Elizabeth Carter
- Signature: _____
- Date: December 21, 2024

Remarks/Comments

Payment required to ensure timely vendor services continuation.