

Serial
 No.

INTERNAL REQUISITION

To: _____ From: _____

Please authorise the issuance/Payment as detailed below:-

- ☐ LPO
 ☐ Authority to Incur Expenditure
- ☐ Expenditure Refund

Description	Amount
TOTAL	

Requested by: _____ Sign: _____ Date _____

Verified by: _____ Sign: _____ Date _____

Approved by: _____ Sign: _____ Date _____

Payment details: _____
