



# Weill Cornell Medical College in Qatar

## PAYMENT REQUISITION FORM

Kindly raise a service ticket and upload the approved PRF and supporting documents for processing payment  
Request path- Finance and Business Service →Accounts Payable → Payment Requisition

Document Number (Finance Use Only)

PAYABLE TO (Please Print)

Name

SOCIAL SECURITY NO. OR FED. ID NO.

Street

City

State

Zip Code

Location

Country

INVOICE #	INVOICE DATE	DESCRIPTION OF PAYMENT	FUND/ WBS	G/L (6 DIGITS)	CURRENCY	AMOUNT
Total						

Prepared by

Print name

APPROVED/CERTIFICATION BY : I have examined this expenditure business reason and documentation for appropriateness/compliance to WCMC-Q procedures.

Signature

Print Name

APPROVED FOR PAYMENT

FINANCE APPROVAL

DEAN'S OFFICE APPROVAL (Payments > \$ 25,000)

DOCUMENTATION AND COMMENTS