**PO Payment Authorization**

**STU-CM/2A**

Date: (Insert date)

Project Title: (Insert project title)

Project Number: (Insert project number)

To: Director, Science and Technology Unit

**Sub: Payment Request to (*insert supplier name*)**

Reference to your memo sent on (*insert date*) regarding the approval of the quotation (*insert quotation number and date*) for buying the following equipment:

|  |  |
| --- | --- |
| **Equipment Name** | (Insert equipment name) |
| **Equipment Details** | (Insert equipment specifications) | □ Consumables□ Tagable |
| **Accessories (if any)** | □ Yes□ No | If Yes, then □ Internal □ External |
| **Supplier Name** | (Insert supplier name) |
| **Cost** | (Insert amount) SR. |

I would like to inform you that I have received the above equipment from the supplier and it was tested and found correct and complete in accordance with the approved quotation. The equipment was delivered to the following location:

|  |  |  |  |
| --- | --- | --- | --- |
| **Building**  | (Insert building#) | **Room**  | (Insert room#) |

Kindly could you release the above payment for the supplier. The following are attached with this memo:

1. A copy of the original approved quotation.
2. A copy of the quotation approval sent to the supplier
3. Original invoice
4. Original inspection certificate
5. Custody forms.
6. Authorization Supplier Form

Thank you

Sincerely yours,

(Insert name, KFUPM ID and signature of the PI)