|  |  |  |  |
| --- | --- | --- | --- |
| Document with solid fill | | Payment Request Form | |
| Company Slogan | | | Date: Date Form#: No. |
| Payable To (with address): | Customer Name  Company Name  Street Address  City, ST ZIP Code  Phone  Customer ID No. | | wordexceltemplates.com |

|  |  |  |
| --- | --- | --- |
| **Vendor invoice #** | **Check No.** | **Date of invoice** |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qty** | **Item #** | **Description** | **Unit Price** | **Discount** | **Line Total** |
| 1 | Item # | Description | 50 | 5 | 45 |
| 5 | Item # | Description | 100 | 0 | 500 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | | | Total Discount | 5 | 545 |
|  | Subtotal |  |
| Sales Tax |  |
| Total Amount |  |

I hereby acclaim that the above-mentioned payment is due in favor of [Print Name] which needs to be paid on urgent. The said amount must reach to the [Company Name] favor within [X] days otherwise legal proceedings will be started without delay.

|  |  |  |
| --- | --- | --- |
| Authorized signature | Full Name | Date |
| Authorized signature | Full Name | Date |

[COMPANY NAME]  
Company Name Street Address,City, ST ZIP Code Phone Fax Email