GINTELL

HEALTH • LOVE • LIFE

PAYMENT REQUEST FORM

To : Finance Department

- ☐ GINTELL (M) SDN BHD
- ☐ GINTELL REST N GO SDN BHD

From :

- ☐ GINTELL (BORNEO) SDN BHD
- ☐ GINTELL PROPERTIES SDN BHD

☐ **Urgent**

Mode of Payment

- ☐ Cheque – A/C Payee Only
- ☐ Cheque – Cash / Bearer
- ☐ Bank Draft / Banker's Cheque
- ☐ Others _____

Please issue the following:

Payee : _____

Description : _____

_____

_____

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_____

_____

Amount : **RM** _____ Date of Collection : _____

Requested By : Verified By : Approved By :

Name :	Name :	Name :
Date :	Date :	Date :

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