



# AUTHORIZATION FORM FOR PAYMENT TO EXTERNAL SUPPLIERS & SERVICE PROVIDERS

<b>Person authorising payment:</b> _____	
<b>Position in USSA / NUSA:</b> _____	
<b>Beneficiary (Account name):</b> _____	
<b>Bank (Name):</b> _____	<b>Branch code:</b> _____
<b>Account type:</b> _____	<b>Account number:</b> _____
<b>E-mail address of beneficiary:</b> _____	
<b>Date(s) of expenses:</b> _____	
<b>Reasons for expenses:</b> _____	
_____	
_____	
_____	
DETAILS OF PAYMENT (Please add all verifying documents and/or receipts)	AMOUNT
<b>1. Travel expenses</b> (Refer to policy / Attach summary for multiple trips)	
1.1 Air ticket(s)	_____
1.2 Car hire	_____
1.3 Road transport	_____
1.4 Other public transport	_____
<b>Sub-total:</b>	_____
<b>2. Accommodation</b> (Refer to policy)	
2.1 Actual hotel costs	_____
2.2 Meals / refreshments	_____
<b>Sub-total:</b>	_____
<b>3. Other proven expenditure</b> (Refer to policy / Attach summary)	
3.1 _____	_____
3.2 _____	_____
3.3 _____	_____
<b>Sub-total:</b>	_____
<b>GRAND TOTAL:</b>	_____
<b>Signature of authorising person:</b> _____	<b>Date:</b> _____

Payment approved by:

\_\_\_\_\_  
USSA / NUSA CHAIRPERSON

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SECRETARY / TREASURER