

# Payment Request Form

(This form is not to be used for purchase of equipment and facilities, research assistants, and travel & conference)

Date of application:

1. Research Project Details

|                        |  |
|------------------------|--|
| Principal Investigator |  |
| Project Title          |  |
| Project Code           |  |
| Source of funding      |  |

2. Request Particulars

|                                       |   |  |
|---------------------------------------|---|--|
| Budget Category                       | <input type="checkbox"/> Data Collection/Analysis <input type="checkbox"/> Materials & Supplies/Consumables <input type="checkbox"/> Consultancy<br><input type="checkbox"/> Dissemination/Publications <input type="checkbox"/> Administration Costs |  |
| Payment Method<br>(select one only)   | <input type="checkbox"/> Self Payment. (PI account )  | <input type="checkbox"/> Company Invoice Account                       |
| Payment Details                       | PI Account number:<br>Bank Name:<br>Bank Branch:  | Finance Code:<br>(OR)<br>Account number:<br>Bank Name:<br>Bank Branch: |
| List of Quotations                    |   |  |
| Selected Quotation                    |   |  |
| Justification of Selection Choice     |   |  |
| Payment Amount                        |   |  |
| Payment Conditions<br>(as applicable) | <input type="checkbox"/> I have provided at least 3 quotations as applicable with justification of selection based on price, quality, & specifications.   |  |

|  |   |
|--|---|
|  | <div><input type="checkbox"/> I agree to provide the original stamped final invoice of selected quotation.</div> <div><input type="checkbox"/> I agree to provide the delivery note/completion certificate for items or service provided.</div> <div><input type="checkbox"/> I agree to provide the transfer receipt to the company ( for self payment option)</div> |
|--|---|

3. Terms & Conditions

- Principal Investigator must provide signed financial undertaking form (if self-payment is chosen)
- Failure to provide necessary documents could result in hindering future payment requests and return of transferred amount.

4. Principal Investigator Signature

I agree to the terms and conditions.

Signature:

Date: [Click here to enter a date.](#)

5. Research & Community Service Approval

Budget available in the selected category ☐ Yes ☐ No

All required documents provided.☐

Approve ☒ Yes ☐ No

Choice of selection approved:☐

Comments: [Click here to enter text.](#)

6. Assistant Dean for Academic Support, Scientific Research and Community Service

Name:

Signature:

Date: [Click here to enter a date.](#)

7. Assistant Dean for Administration and Finance

Name:

Signature:

Date: [Click here to enter a date.](#)

Stamp:

**Oman College of Health Sciences**

**Research & Community Service Section**