

# PAYMENT ACCELERATION REQUEST

(Please fill all fields, print, and sign)

Date: \_\_\_\_\_

Reference (Invoice No./Payment Voucher, etc....) : \_\_\_\_\_

(Document attached)

Department : \_\_\_\_\_

Requester : \_\_\_\_\_

Beneficiary : \_\_\_\_\_

Document No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Requested payment date: \_\_\_\_\_

Reason for exceptional acceleration of payment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Note:** below are the standard AUB terms of payment. Any exceptional change to those terms results in extra costs and delays in processing other eligible payments.

Type	Terms of payment	Processing within Accounts Payable
Vendors (P.O., L.V.O.)	45 days	weekly on due date
Advances, Employees, Students	0 days	7 working days
Services, Rent, Accommodation, Travel, Catering	7 days	weekly on due date
Food	21 days	weekly on due date
Fuel, Travel	15 days	weekly on due date

Authorized by: \_\_\_\_\_

Signature: \_\_\_\_\_