

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: _____

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: _____