

# F12B

## On Request Payment Form

### (A) Research Employment Contract Details

Project Code	
Principal Investigator (PI)	
Contracted Employee Name	
Bank Account Number & Name	

\* Attach copy of approved contract

### (B) Payment Details

Period Payment		Number of Hours/ Lump Sum	Amount OMR
From	To		

### (C) Approvals

#### Principal Investigator

Name:

Signature:

Date:

#### AD-PSR/ Director of Center

Name:

Signature & Stamp:

Date:

#### For Deanship of Research Approval

Name:

Signature & Stamp:

Date: