

Guarding Services Payment Request

Date of Request:	<input type="text"/>
Request No.:	<input type="text"/>
Company/Client Name:	<input type="text"/>
Service Address/Location:	<input type="text"/>

Details of Services Provided

Description	From	To	No. of Guards	Rate per Guard	Total Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount Payable:	<input type="text"/>
Prepared by (Name/Signature):	<input type="text"/>
Approved by (Name/Signature):	<input type="text"/>