



PAYMENT AUTHORIZATION Academic Development Grant

Project Title: _____ Total Budget: _____

Payment Duration: _____ From: _____ To: _____

Principal Investigator Name: _____

To: The Deanship of Academic Development

Kindly arrange to pay a sum of SR. _____ (Saudi Riyals _____
_____ only) to _____

(ID # _____) and charge this to the budget of the above mentioned project.

Thank you.

Principal Investigator Signature: _____ Date: _____

Center Director Recommendation:

☐ Satisfied

☐ Partially Satisfied

☐ NOT Satisfied

Teaching & Learning ☐

Program Assessment ☐

E-Learning ☐

Center Director: _____ Signature: _____ Date: _____

To: The Director General of Financial Affairs, KFUPM

Kindly arrange to pay a sum of SR. _____ (Saudi Riyals _____
_____ only) to _____

(ID # _____) and charge this to the budget of the above mentioned project.

Thank you.

Dr. Saeed M. Al-Amoudi
Dean, Academic Development

Date