

Vendor Invoice Payment Voucher

Voucher No: _____

Date: _____

Vendor Details

Vendor Name : _____
Vendor Address : _____
Contact Person : _____
Phone : _____

Invoice Details

Invoice Number : _____
Invoice Date : _____
Due Date : _____

Payment Details

Description	Amount
_____	_____
_____	_____
_____	_____
Total	_____

Remarks

Prepared By

(Name & Signature)

Checked By

(Name & Signature)

Approved By

(Name & Signature)

Received By

(Vendor's Signature)