

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)