

Payment Voucher Form (Service Payments)

Voucher No.

Date

Reference

Payee Name

Payee Address

Contact No.

Service Details

No.	Service Description	Amount	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount

Payment Method

Select▼

Details (if any)

Purpose / Remarks

Prepared By

Checked By

Approved By

Received By