

# 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

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Prepared By

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Checked By

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Approved By

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Received By