

Retail Goods Received Payment Voucher

Company Name: _____

Address: _____

Voucher No.: _____

Date: _____

Supplier Details

Supplier Name: _____

Invoice No.: _____

Contact: _____

Invoice Date: _____

Goods/Items Received

No	Description of Goods	Quantity	Unit Price	Total

Subtotal: _____

Discount: _____

Tax (if any): _____

Total Amount: _____

Amount Paid: _____

Balance Due: _____

Payment Method

Method: _____ Reference No.: _____

Remarks

Received By

Checked By

Authorized By

Date Printed: _____
Signature of Payer: _____