

Retail Merchandise Payment Voucher

Voucher No.

Date

Location / Store

Supplier Name

Supplier Address

Supplier Contact

Merchandise Details

#	Description	SKU/Item Code	Quantity	Unit Price	Total
1					
2					
3					
Subtotal					
Tax					
Total Amount					

Payment Details

Payment Method

Payment Date

Reference / Cheque No.

Remarks / Notes

Prepared By

Checked By

Approved By

Supplier Acknowledged

