

Supplier Payment Voucher

Voucher No: _____

Date:

____ / ____ / ____

Store/Branch: _____

Supplier Name: _____

Supplier ID: _____

Payment Method: _____

Item Description	Invoice No	Invoice Date	Amount
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____

Subtotal _____

Taxes _____

Other Deductions _____

Total Amount _____

Remarks / Notes:

Prepared By _____

Checked By _____

Authorized By _____

Supplier Acknowledgement _____