

**ABC Corporation**

123 Main Street,  
City, Country  
Phone: (123) 456-7890

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Voucher No:** CPV-00 \_\_\_\_\_

## CASH PAYMENT VOUCHER

Paid To	_____
Address	_____
Particulars / Reason	_____

Amount in Figures	_____
Amount in Words	_____

**Prepared By:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Checked By:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Authorized By:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Receiver's Signature

Accountant/Cashier

Manager/Officer

**Important Notes:**

- Ensure all details are filled accurately before disbursement of cash.
- Obtain proper authorization signatures on every voucher.
- Attach supporting documents (invoices, receipts) if applicable.
- This voucher serves as proof of cash payment; store it securely.
- Do not leave any field blank or unsigned for audit and compliance purposes.