

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.