

Cash Payment Disbursement Form

General Information

Date:	YYYY-MM-DD
Disbursement No.:	Auto-generated or Manual Entry
Department/Unit:	Enter Department/Unit
Prepared By:	Full Name
Recipient Name:	Full Name of Recipient
Purpose/Description:	Reason for Disbursement

Disbursement Details

Description	Account Code	Amount (\$)
Item/Service #1	123-456	150.00
Item/Service #2	789-012	90.00
Total Amount		240.00

Authorization & Acknowledgement

Authorized By (Signature over Printed Name)
Received By (Signature over Printed Name)
Approved By (Signature over Printed Name)

Important Notes

- This form must be filled out completely before disbursement of any cash payment.
- Attach all supporting documents (e.g., receipts, invoices) for audit purposes.
- Payment should be issued only upon proper authorization and approval.
- Any alteration or erasure must be countersigned by the authorized personnel.
- Keep this document for records and future reference.