

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.