

Organization Name: _____

Address: _____

Contact: _____

Honorarium Payment Voucher

Date: _____

Voucher No.: _____

Payee Name: _____

Position/Title: _____

Address: _____

Tax Identification No.: _____

Description of Service
Rendered: _____

Description	Period/Date	Amount
		Total Honorarium:
		Less: Tax / Deductions
		Net Amount Payable:

Prepared By _____

Certified Correct By _____

Received By (Signature over
Printed Name)

- This voucher serves as supporting document for honorarium payments.
- Ensure all fields are properly filled before approval and disbursement.
- Attach relevant supporting documents such as contracts or attendance sheets.
- Subject to applicable tax deductions and organizational policy.