

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.