

# Stipend Disbursement Voucher (Non-Salary)

Voucher No.:	_____	Date:	____ / ____ / ____
Stipend Recipient Name:	_____		
Recipient ID/Reg. Number:	_____	Department/Program:	_____
Bank Account Number:	_____	Bank Name:	_____
Payment Period:	_____	Amount (in words):	_____
Amount (in figures):	â,± _____		
Purpose / Remarks:	_____		

## Accounting Entry

Account Code	Description	Debit	Credit
_____	_____	â,± _____	_____
_____	_____	_____	â,± _____

Prepared by:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Checked by:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved by:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Important Notes:

- This voucher is intended only for non-salary stipend disbursement (e.g., scholarships, research grants, internships).
- Ensure accuracy and completeness of all recipient and payment details.
- Attach supporting documents such as attendance, accomplishment report, and approved request.
- Authorization signatures are required prior to fund release.
- Any alteration must be countersigned by the approving authority.