

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.