

Temporary Staff Non-Salary Payment Voucher

Voucher No.	_____	Date	_____
Department/Unit	_____	Project/Activity	_____
Name of Temporary Staff	_____		
Staff ID/No.	_____	Position/Title	_____

Payment Details

Description	Start Date	End Date	No. of Days/Hours	Rate	Total Amount
_____	_____	_____	_____	_____	_____
Total Amount Payable		_____			

Purpose/Justification:

Prepared by:

Date: _____
Reviewed by:

Date: _____
Approved by:

Date: _____

Important Notes

- This voucher is used for temporary staff payments not covered under regular payroll.
- All payment details and justification must be clearly stated and documented.
- Voucher must be reviewed and approved by authorized personnel before payment is processed.
- Attach supporting documents such as timesheets, contracts, and work completion reports.
- Retain a copy of the completed voucher for audit and record-keeping purposes.