

Cash Payment Voucher

Document No. _____ Date: ___ / ___ / ___

Paid To:

Account Code:

Department:

Description / Particulars:

Amount (â‚¹):

Sr. No.	Details	Amount (â‚¹)
1		
2		
3		
Total :		

Amount in Words:

Attachments (if any):

Prepared By

Checked By

Approved By

Important Notes:

- This voucher must be supported with appropriate bills/receipts.
- All entries must be filled accurately and checked before approval.
- No payment should be made without necessary authorization.
- Keep a copy of this voucher for records and audit purposes.
- Alteration, overwriting, or erasure is not permitted on vouchers.