**CASH PAYMENT VOUCHER**

**Received From**: University of West Georgia Cashier

Date: **[MM/D/YYYY]**

For the Following:

|  |  |  |
| --- | --- | --- |
| **Vendor Name** | **Description of Items Purchased** | **Amount** |
|  |  | 10.00 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total:** | 10.00 |

|  |  |
| --- | --- |
| Account Name: | [Name] |
| Account Number: | [Account Number] |

|  |  |  |
| --- | --- | --- |
| **[Signature]** |  | **[Signature]** |
| Signature of Purchaser |  | Departmental Approver |

|  |  |  |
| --- | --- | --- |
| [Name] |  | **[Signature]** |
| **Approved:** |  | Cash Recipient |
| [Name] |  | **[Signature]** |
| Office of Controller/ Business & Finance Name |  | Printed Approver |