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Lorem Ipsum

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Amount received from |  | | | Voucher # | |  |
| Address: |  | | | Amount: | |  |
| Purpose of payment |  | | | | | |
| Payment made by | [Name] | | | Cash  Cheque | | Other: |
| Account: | Total amount due [XXXX]$ | | | Amount Paid  [AMOUNT]$ | | Balance Due  [AMOUNT]$ |
| Amount received by |  | | | | | |
| Authorized Signature: | |  | Authorized Signature: | |  | |

CASH VOUCHER

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

+1 321-654-7890

Location, City, State, Zip code

info@company.com