



## Payment Voucher

Claim No : \_\_\_\_\_

Pay. No. : \_\_\_\_\_

Pay. Date : \_\_\_\_\_

Amount : \_\_\_\_\_

Chq No : \_\_\_\_\_

| Bill No.      | Bill Date | Bill Amt. | Deduction | Pay. Type | Amount |
|---------------|-----------|-----------|-----------|-----------|--------|
| Grand Total : |           |           |           |           |        |

In Words :

Amount Recd by

Accounts Dept.