natcom
ONE HAITI, ONE NETWORK

No.:

CASH VOUCHER

Internal

Name of Customer:

Address:

Reason:

Amount:

In word:

Enclosing: Original document

Received ennough money (In words):

Date: …../…./…….

Payer   **Cashier**   **Accountant**   **CFO**   **Director**

natcom
ONE HAITI, ONE NETWORK

No.:

INCOME VOUCHER

for Customer

Name of Customer:
Address:
Reason:

Amount:
In word:

Enclosing: Original document

Received ennough money (In words):

Date: ...../...../.......

Payer   **Cashier**   **Accountant**   **CFO**   **Director**

INCOME VOUCHER

Original

Name of Customer:

Address:

Reason:

Amount:

In word:

Enclosing: Original document

Received ennough money (In words):

Date: …../…../…….

Payer   **Cashier**   **Accountant**   **CFO**   **Director**