



PAYMENT VOUCHER

District Grand Committee of

ABN: _____

Meeting Date: _____

List of payments approved at this meeting

Number	Payee	Details	Amount	Chq/Bpay No:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

This payment voucher is to be signed by a minimum of three of the District signatories who can vouch that the accounts above were passed for payment.

	Name	Position and Date of Signature	Signature
1			
2			
3			
4			

Each payment still requires a minimum of two signatures on a cheque or two authorisations for Bpay

All purchase orders, invoices and/or receipts relevant to the payments on this payment voucher are to be stapled to this voucher, and retained and presented for audit and books inspection.