|  |  |  |
| --- | --- | --- |
| **Receipt Voucher** | Volumes | .......................... |
|   |  |  |  |  |  |  | No. | .......................... |
| Company................................................... |  |  |   |
|   |   |   |   |
|   |   |   |   |   |   | Date....................................... |
|   | I'm.............................................Address.......................................................... |
| Road................................Sub-district....................................province..................................................... |
| Phone Number................................Receive From............................................................................... |
| As the following list |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Descriotion | Amount |
|   | Bath | Sat. |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Total Amount |   |   |
| Amount() |   |   |   |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  | Signed.........................Payee |
|   |  |  |  |  |  |  |  |  |   |
| (.....................................................) |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  | Signed.........................Payer |
|   |  |  |  |  |  |  |  |  |   |
| (.....................................................) |   |   |   |   |   |   |