Logo and Address		Receipt	
	Tin:	_	
	No.	001	
	Date:		
Received with thanks from:			•••••
The Sum of Shillings:			•••••
Being payment of:	•••••		
	••••		
By Cash/Cheque:Balanc	ce:		
Shs Signature:	 For:		

Log	90	Address
	Cheque Payment Voucher	
No: 001		Tin No:
Payee:		Date:
Account:		Cheque No:
No	Particulars	Amount
	Total	
Amount in words	 0	
Prepared by:	Signature:	
Authorized by:	Signature:	
Received by:	Signature:	

Logo		Address
	Cash Payment Voucher	
No: 001		Tin No:
Payee:		Date:
Account:		Cheque No:
No	Particulars	Amount
	Total	
Amount in words:		
•••••		
Prepared by:	Signature:	
Authorized by:	Signature:	
Received by:	Signature:Date:	

Date	Ref	item details	Cash In	Cash Out	Cash Balance	
						Formula
6/September :		Begining balance			50,000	=F3+D4-E4
		Withdraw from Stanbic	3,000,000		3,050,000	3,050,000
	001	Advance to agent:		2,000,000	1,050,000	1,050,000
	2	Labour: box		2,000	1,048,000	1,048,000
	4566	Cash sales	60,700		1,108,700	1,108,700
	1	Mobile money charges		9,600	1,099,100	1,099,100
						1,099,100
Balancing off		Actual cash count			500,000	0
		Differencce			599,100	500,000
						599,100
6 September 2		Beginning balance			500,000	0
		Banking to centenary		500,000	0	0
		Investment received	2,000,000		2,000,000	2,000,000
		Directors drawings		1500000	500,000	500,000

Logo		Contact
	CASH PAYMENT VOUCHER	
No: 001		Tin No:
Payee:		Date:
Account:		Cheque No:
No	Particulars	Amount
	Total	
Amount in words		
		••••••
Prepared by:	Signature:	
Authorized by:	Signature:	
Received by:	Signature:	••••

		Contact
	PETTY CASH PAYMENT VOUCHER	
No: 001		Tin No:
Payee:		Date:
Account:		Cheque No:
No	Particulars	Amount
	Total	
Amount in words:		
•••••		
Prepared by:	Signature:	e:
Authorized by:	Signature:Dat	e:
Received by:	Signature:	e:

Logo		
	DELIVERY NOTE	
_		
To:	Your order no.:	
	Date dispatched:	
	Our contact:	
	Telephone no.:	
Delivery Not		Chapter 4
Description of goods	Qty delivered	Checked

Goods received in good o	der		
Name	Signature	Date	,

Logo and Address	WEIGHT NOTE / CASH SALES RECEIPT /INVOICE							
Date:		Receipt number :4566	Location Details					
Customer name:								
Weight Note								
Baas	Kas	Baas	k					
Charaes	1							
Description	Qty(kg)	Unit price	Amou					
Milling charge	361	100.00	36,100.					
Box	8	200.00	1,600.					
Labour:loading and offloading	8	1,000.00	8,000.					
Transport			15,000.					
		Total	60.700.					
Payment details Description	Qtv(ka)	Unit price	Amou					
Robusta FAQ	361	4,300.00	1,552,300.					
Charges			-60,700.					
Not navment received			1,491,600.					
Net payment received			1,471,000.					

STOCK CARD										
Item:			Description:		Stock No.: Re-order Point:					
		Receipt		uance	Balance	No. of Davs to				
Date	Reference	Qtv.	Qtv.	Office	Qtv.	Consume				

ITEM STOCK MOVEMENT

Logo and Address

Item Name: FAQ

DATE	Details	Sto	arting b	alance	Purcha	ses/ Recei	vables/Prdn	Sales	/Goods	delivered	Cle	osing b	alance
			Cost			Cost			Sales			Cost	
		Kgs	price	Amount	Kgs	price	Amount	Kgs	price	Amount	Kgs	price	Amount
06/Se		60,000	4,300	258,000,000							60000	4,300	258,000,00
	Farmer: J				1,000	4,300	4,300,000				61,000	4,300	262,300,00
	Farmer: J				3,000	4,200	12,600,000				64,000	4,295	274,900,00
	Farmer: J				20,000	4,400	88,000,000				84,000	4,320	362,900,00
	Trader x							1,000	4,500	4,500,000	83,000	4,318	358,400,00
	Trader x							3,000	4,600	13,800,000	80,000	4,308	344,600,00
	Trader x							20,000	4,500	90,000,000	60,000	4,243	254,600,00
	g Balance	<u> </u>	<u> </u>	l	<u> </u>								<u> </u>

CHEQUE REGISTER

Name

Cheques Issued Out

<u>Date:</u>

CHEQUE NUMBER	VOUCHER	NARRATION/DETAILS/BUDGET LINE	BUDGET	PAYEE	AMOUNT	OFFICER ACCOUNTABLE
	NUMBER		CODE			
	+					
	,	otal			0	
		Oldi			l u	

Logo	NAME (OF BUSINESS				
		Requis	ition Form			
Requisitioner Info Date:		Recommender Name				
Employee Name:		Address				
Department			Telephon <u>e</u>			
Account:			Activity			
Item #	Particulars Bu		Rate	Ama	unt	Notes
nem #	ramiculars	Uniis	Rate	Amo	Uni	Noies
Total:	<u>I</u>	I			_	
Amount in words:						
	Prepared by	Ackn	owledged & Ap	proved	Reviewed	I and Approved by
Name:						
Title						
Signature						

SALARY SLIP

Employee Name: Year

Designation:

Income Tax TIN:

EMOLUMENTS	AMOUNT Ugx	DEDUCTIONS	AMOUNT Ugx
Basic Pay		PAYE	
Transport Allowance		NSSF 5%	
Medical Allowance		Local Service Tax	
		Total Deductions	-
Gross Pay	-	Net Pay	-