|  |  |
| --- | --- |
| **Company:**  **Address:** | **Form: 01-TT**  **(According to Circular No. 133/2016/TT-BTC**  **dated August 26th 2016 of the Ministry of Finance)** |

**PAYMENT**

No: …………. Account: …………… Date: ……… Crsp acct: ……………

Payer: Address: For: Amount: In words:

.................................................................................................................................... .................................................................................................................................... .................................................................................................................................... .................................................................................................................................... ....................................................................................................................................

Enclosure:................................................................................................... document(s)

**Chief** **accountant** (Sign, full name)

**Settlement** **account** (Sign, full name)

**Cashier** (Sign, full name)

**Payer** (Sign, full name)

Received the amount (in words):……………………………………………………………………………… *Date:…………………………*