

# Employee Reimbursement Payment Voucher

Document No: \_\_\_\_\_ | Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Employee Information

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

## Reimbursement Details

#	Date	Description	Reference/Receipt	Amount
1	____/____/____	_____	_____	_____
2	____/____/____	_____	_____	_____
3	____/____/____	_____	_____	_____

**Total Amount** \_\_\_\_\_

Less Advance (if any) \_\_\_\_\_

**Net Amount Payable** \_\_\_\_\_

## Purpose/Remarks

Employee Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Verified By

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- All claimed expenses must be supported by original receipts or proof of payment.
- Ensure details are accurate and related to business or official purposes only.
- Unauthorized or incomplete documents may result in processing delays.
- This voucher must be approved by the authorized personnel before payment is made.
- Keep a copy of this document for your records.