

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.