

ABC CORPORATION
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Cash Expense Payment Slip

Slip No.:	_____	Date:	____ / ____ / ____
Paid To:	_____		
Department:	_____	Account Code:	_____

No.	Description of Expense	Amount	Remarks
1			
2			
3			
TOTAL			

Amount in Words:

Prepared By

Approved By

Received By

- This slip should be filled completely and accurately for each cash expense payment.
- All expenses must be supported by original receipts or valid supporting documents.
- Authorization (approval) is required before disbursement of funds.
- Keep a copy of the completed slip and related documents for record-keeping and audit purposes.
- Alterations or corrections should be countersigned by the approving officer.