

# Cash Payment Voucher for Expense Claims

Voucher No.	_____	Date	____ / ____ / ____
Payee Name	_____	Department	_____
Claim Reference No.	_____		
Purpose of Expense	_____		

## Expense Details

Date	Description	Amount	Remarks
____ / ____ / ____	_____	_____	_____
____ / ____ / ____	_____	_____	_____
Total		_____	

## Payment Details

Mode of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Bank Transfer	Cheque/Txn No.	_____
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Prepared By  
(Name & Sign; Date)

\_\_\_\_\_

Approved By  
(Name & Sign; Date)

\_\_\_\_\_

Received By  
(Name & Sign; Date)

## Important Notes:

- All claims must be supported by original receipts and relevant documentation.
- Ensure approval from the concerned authority before making payment.
- This voucher serves as proof of cash disbursement for claimed expenses.
- Retain a copy for company accounting and audit purposes.
- Alterations or overwriting on this document may render it invalid.