

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 Cash Cheque Bank Transfer **Cheque/Txn No.** _____

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.