

# Departmental Expense Voucher

Voucher No.:

Date:

Department:

## Expense Details

S/N	Description	Account Code	Amount ( )	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Total	

## Purpose of Expenditure

Prepared By

Checked By

Authorized By

Received By

## Important Notes

- All expense claims must be supported by relevant receipts and documents.
- Voucher must be approved by authorized personnel before payment processing.
- Ensure all information provided is accurate and complete.
- Retain a copy of this voucher for departmental records.