

Employee Expense Payment Voucher Form

Voucher No.

Date

Employee Name

Employee ID

Department

Designation

Purpose

Expense Details

#	Date	Description	Category	Amount	Remarks
1	<input type="text"/>	<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"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total				<input type="text"/>	

Attached Receipts/Supporting Documents:

Employee Signature
/ Date

Manager/Approver
Signature
/ Date

Finance Dept. Signature
/ Date

Important Notes

- All expenses listed must be supported with valid receipts or relevant documents.
- Form must be approved by the designated manager/supervisor.
- Incomplete or inaccurate information may delay processing or result in rejection.
- Please ensure total expenses comply with company expense policy.
- Keep a copy of this form and supporting documents for your records.