

# Monthly Expense Reimbursement Voucher

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

## Expense Details

Date	Description	Category	Amount (USD)	Receipt Attached
2024-06-03	Client lunch meeting	Meals	38.50	Yes
2024-06-10	Office supplies	Supplies	23.80	Yes
2024-06-15	Local transportation	Transport	12.00	No
Total			74.30	

## Bank Details

Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
IFSC/ Routing Number: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Manager Approval  
Date: \_\_\_\_\_

## Important Notes

- Please attach original receipts for all expenses claimed.
- Incomplete or late submissions may cause reimbursement delays.
- Ensure expenses comply with company policies.
- This form must be approved by your immediate manager.
- For queries, contact the Finance Department.