

# 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               |
| <b>Total</b> |                      |           | <b>74.30</b> |                  |

## 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.