

# Standard Expense Reimbursement Payment Voucher

Voucher No.

Date

Employee Name

Department

Purpose of Expense

#	Description	Date	Receipt No.	Amount	Remarks
TOTAL					

Amount in Words

Employee's Signature

Verified By

Approved By

Finance/Accounts

**Important Notes:**

- All claimed expenses must be supported with original receipts and necessary documentation.
- Fill in all required fields clearly to avoid delays in processing.
- Please ensure the claim conforms to the organization's expense reimbursement policy.
- Obtain all necessary internal approvals before submission to the finance department.
- Any incomplete or inaccurate information may result in rejection or delay of the claim.