

Reimbursement Expense Voucher (Non-Salary)

Voucher No.

Date

Department

Name of Claimant

Employee ID

Designation

Expense Details

#	Date	Description	Amount (â,1)	Bill/Receipt No.	Remarks
1	<input type="text"/>	Purpose/Details <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"/>		

Amount in Words

Account No.

Bank IFSC

Remarks (if any):

Signature of Claimant

Checked & Verified By

Authorized Signatory

Important Notes:

- All supporting bills/receipts must be attached along with this voucher.
- Claims without valid supporting documents may not be processed.
- The expenses claimed should not be related to salary or payroll.
- Fields marked are mandatory and must be filled accurately.
- Management reserves the right to verify and approve claims at their discretion.

