

# Employee Expense Payment Voucher

Voucher No.: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Purpose/Description: \_\_\_\_\_

Date	Description	Receipt/Invoice No.	Amount
____ / ____ / ____	_____	_____	_____
____ / ____ / ____	_____	_____	_____
____ / ____ / ____	_____	_____	_____
Total Amount:			_____

Amount in Words: \_\_\_\_\_

Requested By  
(Employee)

Approved By  
(Manager/Supervisor)

Received By  
(Employee)

## Important Notes:

- All attached supporting receipts/invoices must be original and legible.
- Voucher should be approved by the authorized personnel before payment.
- Ensure all details are accurate to avoid processing delays.
- This form is required for reimbursement of any official employee expenses.
- Keep a copy of the completed voucher for future reference.