

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.