

Expense Reimbursement Payment Voucher

Voucher No.: _____
Date: _____
Employee Name: _____
Department: _____
Purpose / Description: _____

#	Date	Particulars	Bill/Receipt No.	Amount	Remarks
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
Total				_____	

Amount in words: _____

Advance taken (if any): _____
Net Amount to be paid: _____

Requested By

Verified By

Approved By

Important Notes:

- Attach original supporting bills/receipts for all claimed expenses.
- Ensure that all details are filled accurately before submission.
- Approval from authorized personnel is mandatory for processing.
- Reimbursement is subject to company policies and eligibility.
- Keep a copy of this voucher for your records.