

Cash Expense Receipt

Receipt No.: _____

Date: _____ / _____ / _____

Time: _____

Paid To: _____

Department / Project: _____

Expense Details

#	Description of Expense	Account Code	Amount (â‚¹)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
Total			_____

Amount (in words): _____

Purpose of Expense: _____

Submitted By: _____

Checked By: _____

Approved By: _____

Signature of Receiver

Signature of Issuer

Authorization Signature

Important Notes

- All fields must be completed for auditing purposes.
- Attach supporting bills and documents for each expense entry.
- Obtain required authorizations before cash disbursement.
- Ensure expenses comply with organizational and tax policies.
- Duplicate or incomplete receipts may be rejected during audits.