

# Expense Journal Voucher

Date: 2024-06-01  
Voucher No.: EJV-0001

**Payee Name:** [Enter Payee Name]      **Department:** [Enter Department]  
**Description:** [e.g. Office supplies for June]

| #     | Account Code | Account Title   | Description          | Debit  | Credit |
|-------|--------------|-----------------|----------------------|--------|--------|
| 1     | 6010         | Office Supplies | Pens and papers      | 245.00 | 0.00   |
| 2     | 1001         | Cash            | Payment for supplies | 0.00   | 245.00 |
| Total |              |                 |                      | 245.00 | 245.00 |

**Prepared By:** [Name]  
**Checked By:** [Name]  
**Approved By:** [Name]

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature:

**Important Notes:**

- Ensure all information, especially amounts and codes, are accurate before approval.
- Supporting documents should be attached for all expense entries.
- All vouchers must be authorized by designated personnel before payment.
- Retain this document for audit and internal control purposes.