

# Cash Expense Receipt

## (Employee Use)

Receipt No.:

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Date:

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Department:

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Employee Name:

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Employee ID:

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Purpose/Description:

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### Expense Details

Date	Description	Amount
<b>Total</b>		

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Employee Signature

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Approver Signature

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Date

- This receipt must be completed and signed for all cash expense reimbursements.
- Supporting receipts should be attached where possible.
- Receipts without proper authorization will not be processed.
- Ensure all information is filled out clearly and accurately.
- Submit this document to the accounting/finance department after approval.