

Physical Copy Receipt for Expense Reimbursement

Date: _____
Receipt No: _____
Department: _____

Name of Employee: _____
Employee ID: _____
Contact: _____
Expense Period: From _____ To _____
Purpose / Description: _____

#	Date	Description	Category	Amount	Receipt Attached
1	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Total:	_____

Requested By:

Date: _____
Approved By:

Date: _____

Important Notes:

- This physical receipt must be accompanied by original bills/vouchers.
- Any corrections must be authenticated by signature.
- Approval is mandatory before reimbursement.
- Falsification of information may lead to disciplinary action.
- Keep a copy of this document for personal records.