

Payment Receipt for Reimbursement

Receipt No.: _____

Date: ____ / ____ / ____

Name
(Payee): _____

Department: _____

Claim
Reference: _____

Contact No.: _____

Reimbursement Breakdown

Description	Date	Amount (₹)	Remarks
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____
Total Amount _____			_____

Declaration

I hereby acknowledge that I have received the total sum of ₹_____ (Rupees _____) as reimbursement for the above expenses. All supporting documents and invoices are attached with this receipt.

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Signature of Recipient

Authorized Signatory

- Ensure all supporting bills or invoices are attached with the receipt.
- Receipt must be signed by both the recipient and an authorized signatory.
- Retain a copy of the payment receipt for your records.
- Misinformation or missing details may delay further reimbursements.
- This document serves as proof of payment for reimbursement purposes.