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Expense

No(EC):.....

Name/Surname : ID No.:

No(A/C):.....

Department :

Issued Date :

<i>INV Date</i>	<i>Description</i>	<i>Qty</i>	<i>Amount</i>
			<i>Total</i>

Requested by :

Accepted by :

Approved by :

Payment Voucher

Date :

Voucher No.:.....

Pay to: ID No.:

Methods of Payment

☐ Cash☐ Bank Transfer, Bank name.....

☐ L/C

☐ Check No.....

☐ Reimbursement.....

NB : The following (attached all Invoices and Supporting Documents)

- Positive: to be paid more to advance

- Negative: to be paid back from advancer

Paid by :

Received by :