

# Expense Payment Voucher

Retail Store Name  
Address Line 1, City, State ZIP  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Voucher No.: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Prepared By: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Purpose/Description: \_\_\_\_\_

#	Expense Item	Account	Amount	Remarks
1				
2				
3				
4				
<b>Total:</b>				_____

Prepared By:

Checked By:

Approved By:

Received By: