

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				
			Total: _____	

Prepared By: _____

Checked By: _____

Approved By: _____

Received By: _____