

Expense Voucher

Below as per the District SOPS

Name:		Office:	
Trip	From:	To	
	Accommodations:		
	Meals:		
			Total:

	Description:	Amount
Stationary / Photocopy/ Supplies		
Telephone		
Literature ordered		
Other (Specify)		
Remarks:		
	Total	
	Grand Total	
Approved:		
Signature:		
Date:		
Cheque given:		