

## REIMBURSEMENT EXPENSE RECEIPT

Date \_\_\_\_\_

No. \_\_\_\_\_

RECEIVED from \_\_\_\_\_  
*(Name)*

\_\_\_\_\_ the amount of  
*(Official Designation)*

\_\_\_\_\_ (P \_\_\_\_\_ )  
*(In Words)* *(In Figures)*

in payment for \_\_\_\_\_  
*(Payments for subsistence, services,*

\_\_\_\_\_ *rental or transportation should show inclusive dates.*

\_\_\_\_\_ *purposes, distance, inclusive points of travel, etc.)*

### PAYEE

Name/Signature \_\_\_\_\_

Address \_\_\_\_\_

Residence Cert. No. \_\_\_\_\_

Date of Issue \_\_\_\_\_

Place of Issue \_\_\_\_\_

### WITNESS

Name/Signature \_\_\_\_\_

Address \_\_\_\_\_

Residence Cert. No. \_\_\_\_\_

Date of Issue \_\_\_\_\_

Place of Issue \_\_\_\_\_