



MISC. CASH VOUCHER

DATE	CLAIMANT'S NAME	DESIGNATION	EMP.NO.	GRADE	DEPARTMENT
C.CENTRE		CHARGE TO COST CENTRE			

ACCOUNTING DEPARTMENT

Please reimburse Rs. _____ to me, which I have spent for _____
As per following cash memos/paid bills attached:-

Reference No. & date	Amount Rs.	Amount payable as checked by Accounts Deptt.
Total		Total Rs.

Rupees _____ Only

Claimant

Verified/ Approved

Designation

(Signature not initial)

(Deptt. Head)