

# REIMBURSEMENT EXPENSES RECEIPT

, 20 \_\_\_\_\_ No. \_\_\_\_\_

City \_\_\_\_\_ Municipality - Province \_\_\_\_\_ Date \_\_\_\_\_

Received of \_\_\_\_\_  
Name \_\_\_\_\_ Office Designation \_\_\_\_\_

The amount of \_\_\_\_\_ (P \_\_\_\_\_)  
In Words \_\_\_\_\_ In figures \_\_\_\_\_

For expenses as follows: \_\_\_\_\_  
( Payments for subsistence, service, rental or transportation should show inclusive )

date, purpose, distance, inclusive points of travel.)

**WITNESS:**

\_\_\_\_\_  
Address: \_\_\_\_\_  
Residence Tax No: \_\_\_\_\_  
Issued On: \_\_\_\_\_  
At: \_\_\_\_\_

Signature of Payee

\_\_\_\_\_  
Address: \_\_\_\_\_  
Residence Tax No: \_\_\_\_\_  
Issued On: \_\_\_\_\_  
At: \_\_\_\_\_