

University of Management and Technology

Sialkot Campus

**EXPENSE CLAIM VOUCHER**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_ KU / Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Sr.# | Date | Particulars | Amount | Chargeable To | Remarks |
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| **TOTAL** | | |  |  |  |
| Rupees in Words: | | | | | |
| Claimant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved By Director Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |