PAYROLL CALCULATOR

Home Office Expenses & Reimbursements

Employee Name _____

Employee ID _____

Department _____

Pay Period _____

Submission Date _____

Approver Name _____

EXPENSE CATEGORY	MONTHLY COST	WORK %	REIMBURSEMENT	NOTES / DETAILS
Internet / Broadband				
Phone / Mobile Plan				
Electricity / Utilities				
Office Supplies				
Hardware / Equipment				
Software / Subscriptions				
Other (Specify in notes)				

Taxable Reimbursement	
Non-Taxable Reimbursement	
Total Payroll Credit	

Employee Signature

Date _____

Authorized Payroll Approver

Date _____