NON-TAXABLE REIMBURSEMENT LEDGER

Employee Expense Claim Record

Employee Name		**Ledger Period**	
Employee ID		**Department**	
Designation		**Manager/Approver**	

DATE	REIMBURSEMENT TYPE	DESCRIPTION / BUSINESS PURPOSE	RECEIPT NO.	AMOUNT
			Total Non-Taxable Reimbursement Claimed:	

NOTES / REMARKS

EMPLOYEE SIGNATURE

AUTHORIZED APPROVER

FINANCE / HR CLEARANCE