HOME OFFICE EXPENSE REIMBURSEMENT

Payroll Claim Form

EMPLOYEE NAME

EMPLOYEE ID / PAYROLL ID

DEPARTMENT / COST CENTER

SUPERVISOR / APPROVER NAME

SUBMISSION DATE

EXPENSE PERIOD (MONTH/YEAR)

DATE	EXPENSE CATEGORY	DESCRIPTION / PURPOSE	AMOUNT

SUBTOTAL	
OTHER / ADJUSTMENTS	
TOTAL CLAIM	

Reimbursement Policy & Instructions:

Please attach all supporting receipts, invoices, or utility bills for verification. Eligible expenses must align with local tax guidelines and organization policy for remote work environments. Once approved, the verified amount will be processed through the subsequent payroll cycle.

EMPLOYEE SIGNATURE

Date: _____

AUTHORIZED APPROVER SIGNATURE

Date: _____