

CORPORATE TRAVEL EXPENSE PAYROLL CLAIM SHEET

EMPLOYEE NAME:

EMPLOYEE ID:

DEPARTMENT:

JOB TITLE:

MANAGER NAME:

PAY PERIOD ENDING:

PURPOSE OF TRAVEL:

DATE OF CLAIM:

EXPENSE ITEMIZATION

DATE	CATEGORY	DESCRIPTION / BUSINESS PURPOSE	RECEIPT (Y/N)	AMOUNT
Total Travel Expenses:				

PERSONAL VEHICLE MILEAGE (IF APPLICABLE)

DATE	TRAVEL ROUTE (FROM/TO)	TOTAL MILES	RATE PER MILE	REIMBURSEMENT
Total Mileage Reimbursement:				

GRAND TOTAL CLAIM AMOUNT FOR PAYROLL:

EMPLOYEE SIGNATURE

DATE

DEPARTMENT MANAGER APPROVAL

DATE

PAYROLL DEPARTMENT AUTHORIZED SIGNATURE

DATE

All claims must be supported by original receipts attached to this document. Reimbursement will be processed in the upcoming payroll cycle following approval.