PAYROLL REPORT - CLIENT EXPENSE REIMBURSEMENTS

Employee Name:

Employee ID:

Department:

Pay Period Start:

Pay Period End:

Submission Date:

DATE	CLIENT NAME	PROJECT/CODE	EXPENSE DESCRIPTION	RECEIPT ATTACHED	AMOUNT

Subtotal:

Non-Reimbursable:

Total Reimbursement:

EMPLOYEE SIGNATURE

MANAGER APPROVAL

PAYROLL DEPARTMENT