CLIENT BILLABLE EXPENSE REIMBURSEMENT

Payroll Reimbursement Submission Form

Employee Name:

Employee ID:

Department:

Job Title:

Pay Period Start:

Pay Period End:

Submission Date:

Manager/Approver:

DATE	CLIENT NAME	PROJECT / CODE	CATEGORY	DESCRIPTION / PURPOSE	RECEIPT?	AMOUNT

Subtotal	
Tax / Other	
Total Reimbursement	

Instructions:

1. All items submitted must be directly billable to a client or project.
2. Original receipts must be attached for all individual expenses.

3. Submit this completed and signed form to payroll before the cut-off date.

Employee Signature Date

Manager Approval Signature Date