

Office Equipment & Supply Payroll Reimbursement Request

Employee Name:

Employee ID:

Department:

Submission Date:

Manager Name:

Pay Period:

**Submission Guidelines:**

- Attach itemized receipts for all purchases. Reimbursements will not be processed without valid proof of purchase.
- All equipment purchases must have prior management approval.
- Submit this completed and signed form to the Payroll Department by the payroll cutoff date.

Purchase Date	Item Description / Purpose	Category (Equipment / Supply)	Qty	Unit Price	Total Cost
<b>Total Reimbursement Claim:</b>					

Employee Signature Date

Manager Approval Signature Date

**FOR PAYROLL DEPARTMENT USE ONLY**

Date Received:

Approved Amount:

GL Code / Account:

Processed By:

Pay Date:

Reference No:

