CLIENT REIMBURSABLE EXPENSE PAYROLL SHEET

Payroll Reimbursement Claim Form

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

PAY PERIOD DATE

SUBMISSION DATE

MANAGER NAME

DATE	CLIENT NAME	PROJECT / JOB	DESCRIPTION OF EXPENSE	RECEIPT? (Y/N)	AMOUNT
				Total Reimbursement Claim Amount	

EMPLOYEE SIGNATURE DATE

AUTHORIZED APPROVER SIGNATURE DATE