CLIENT PROJECT EXPENSE PAYROLL REIMBURSEMENT

Claim Form

EMPLOYEE & PAYEE INFORMATION

Employee Name

Employee ID

Department / Business Unit

Email Address

CLIENT & PROJECT INFORMATION

Client Name

Project Name / ID

Billing Code / Cost Center

Manager / Approver Name

EXPENSE DETAILS

Date	Category	Description / Business Purpose	Billable? (Y/N)	Amount

Total Reimbursement Claim:

AUTHORIZATIONS & APPROVALS

Employee Signature

Date: _____

Manager / Approver Signature

Date: _____

Payroll Department Signature

Date: _____

Instructions:

1. Please ensure all receipts are scanned and attached to this document.
2. Reimbursements will be processed in the next scheduled payroll cycle upon receipt of all approvals.
3. For client-billable expenses, ensure correct billing codes are provided to guarantee accurate client invoicing.