

DIRECT REIMBURSEMENT PAYROLL TEMPLATE

Tax-Exempt Expenses

Employee Name:

Employee ID:

Department:

Pay Period:

Submission Date:

Supervisor:

DATE	EXPENSE CATEGORY (E.G., TRAVEL, MEALS)	BUSINESS PURPOSE / DESCRIPTION	RECEIPT NO.	AMOUNT

Total Reimbursement:

I hereby certify that the above-listed expenses were incurred solely for legitimate business purposes in service of the company, that the amounts are accurate, and that no portion of these claims has been or will be reimbursed from any other source. These expenditures qualify as tax-exempt business reimbursements under prevailing tax regulations.

Employee Signature

Date: _____

Authorized Approver Signature

Date: _____