

EMPLOYEE BUSINESS TRAVEL PAYROLL REIMBURSEMENT FORM

Employee Name: _____ **Employee ID:** _____
Department: _____ **Job Title:** _____
Manager/Supervisor: _____ **Purpose of Travel:** _____
Departure Date: _____ **Return Date:** _____

Date	Category	Description / Business Purpose	Receipt (Y/N)	Amount

Subtotal	
Less: Cash Advance	
Total Reimbursement	

Employee Signature: _____ **Date:** _____
Manager Approval: _____ **Date:** _____
Payroll Approval: _____ **Date:** _____

Instructions: All travel reimbursement requests must be submitted within 30 days of returning from travel. Please attach original receipts for all expenses listed above. Reimbursements will be processed in the next scheduled payroll cycle following approval.