

# INCIDENTAL AND GRATUITY REIMBURSEMENT FORM

Expense Template for Incidentals and Gratuities

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE ID \_\_\_\_\_

DEPARTMENT / COST CENTER \_\_\_\_\_

SUBMISSION DATE \_\_\_\_\_

DATE	TYPE (E.G, PORTER, TAXI TIP)	DESCRIPTION / BUSINESS PURPOSE	AMOUNT

**TOTAL  
REIMBURSEMENT**

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

Signature Date

\_\_\_\_\_  
**MANAGER / APPROVER SIGNATURE**

Signature Date