OFFICE SUPPLY REIMBURSEMENT

Payroll Expense Claim Form

EMPLOYEE NAME:

EMPLOYEE ID:

DEPARTMENT:

PAY PERIOD:

DATE SUBMITTED:

MANAGER NAME:

DATE	ITEM DESCRIPTION	CATEGORY	RECEIPT NO.	AMOUNT	APPROVED
			TOTAL REIMBURSEMENT AMOUNT		

EMPLOYEE SIGNATURE

DATE:

AUTHORIZED APPROVER SIGNATURE

DATE: