

Tax-Exempt Business Expense Payroll Claim

Employee Name:

Employee ID:

Department:

Pay Period:

Manager/Supervisor:

Submission Date:

Date	Expense Category	Business Purpose / Description	Receipt (Y/N)	Amount
Total Tax-Exempt Reimbursement:				

Employee Declaration: I hereby certify that the expenses listed above were incurred solely for legitimate business purposes on behalf of the company, and that no portion of these expenses is personal or has been previously reimbursed. I confirm that these expenses qualify as tax-exempt business reimbursements under prevailing tax regulations, and I have attached valid receipts/proof of payment for all items claimed.

Employee Signature

Date:

Authorized Approver Signature

Date: