CORPORATE EXPENSE REIMBURSEMENT

Payroll Sheet

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

JOB TITLE

PAY PERIOD

SUBMISSION DATE

MANAGER NAME

REFERENCE NO.

DATE	CATEGORY	DESCRIPTION / BUSINESS PURPOSE	ACCOUNT CODE	RECEIPT	AMOUNT

Subtotal	

Tax / VAT	
Total Reimbursement	

EMPLOYEE SIGNATURE

Date:

MANAGER APPROVAL SIGNATURE

Date:

FINANCE / PAYROLL SIGNATURE

Date: