Employee Home Office Reimbursement Payroll Template

Employee Name:		**Employee ID:**	
Department:		**Job Title:**	
Pay Period:		**Submission Date:**	
Manager/Supervisor:		**Payroll Cycle:**	

DATE	EXPENSE CATEGORY / DESCRIPTION	RECEIPT ATTACHED (Y/N)	REFERENCE #	AMOUNT

Total Claimed Amount	
Approved Reimbursement %	
Non-Reimbursable Deductions	
Total Payroll Reimbursement	

Employee Signature

Date

Manager Approval Signature

Date

HR / Payroll Authorization

Date