

MONTHLY STAFF EXPENSE REIMBURSEMENT

Payroll & Expense Management Division

Employee Name: _____

Month / Year: _____

Employee ID: _____

Department: _____

Job Title: _____

Manager / Approver: _____

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

Subtotal	
Tax / VAT	
Total Reimbursement	

Employee Signature

Date: _____

Authorized Manager Signature

Date: _____

Finance / Payroll Approval

Date: _____