

SMALL BUSINESS NON-TAXABLE REIMBURSEMENT

Payroll Support Documentation & Template

Company Name: _____

Pay Period End Date: _____

Employee Name: _____

Employee ID: _____

Department: _____

Manager/Approver: _____

Date of Expense	Reimbursement Category	Business Purpose / Description	Receipt Attached	Amount (\$)
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Total Non-Taxable Reimbursement:				

Employee Signature / Date

Authorized Approver Signature / Date