STAFF EXPENSE INTEGRATION

Payroll Reimbursement Template

Pay Period: _____

Process Date: _____

Reference No: _____

Employee Name:

Employee ID:

Department:

Cost Center:

DATE	EXPENSE CATEGORY	DESCRIPTION / PURPOSE	PAYROLL CODE	TAXABLE (Y/N)	AMOUNT

Total Taxable Expenses: _____

Total Non-Taxable Expenses: _____

Total Payroll Integration: _____

Employee Signature

Date

Manager Approval

Date

Payroll Administrator

Date