

Digital Payroll Reimbursement Form

Employee Details

Employee Name:

Jane Doe

Employee ID:

EMP10234

Department:

Finance

Contact Email:

jane.doe@company.com

Payroll Period

Start Date:

2024-05-01

End Date:

2024-05-31

Reimbursement Details

Date	Expense Type	Description	Amount (USD)
2024-05-03	Travel	Client meeting transport	54.00
2024-05-12	Meals	Team lunch (offsite support)	36.50
2024-05-21	Office Supplies	Printer ink purchase	29.00
Total Amount			119.50

Approvals

Employee Signature:

_____ Date: _____

Manager Approval:

_____ Date: _____

Important Notes

- Ensure all receipts and supporting documentation are attached with the form.
- Only eligible business-related expenses should be claimed for reimbursement.
- Incorrect or incomplete forms may delay processing of your reimbursement.
- Retain a digital copy of this form for your records.

