

Employee Payroll Expense Reimbursement Form

Employee Name:

Jane Doe

Employee ID:

EMP-4312

Department:

Marketing

Submission Date:

2024-06-20

Period Covered:

Jun 1, 2024 – Jun 15, 2024

Supervisor/Manager:

Robert Smith

EXPENSE DETAILS

Date	Expense Type	Description	Amount (USD)	Receipt Attached
2024-06-03	Travel	Local taxi for client meeting	35.00	Yes
2024-06-05	Meals	Business lunch with client	52.45	Yes
2024-06-10	Office Supplies	Printer ink cartridges	89.90	Yes
Total Reimbursement Claim			177.35	

BANK DETAILS FOR REIMBURSEMENT (IF NOT ON PAYROLL)

Bank Name:

ABC National Bank

Account Number:

****5678

Employee Signature & Date

Manager Approval & Date

IMPORTANT NOTES

- All expenses must be supported by valid original receipts.
- Claims must comply with company reimbursement policies.
- Incomplete or late submissions may lead to delay or rejection.
- Expenses claimed should be business-related and incurred within the specified period.
- Employee and manager signatures are required for processing.