

# Itemized Payroll Reimbursement Statement

**Employee Name:** Jane Smith      **Employee ID:** EMP-1028  
**Department:** Accounting      **Pay Period:** 2024-05-01 to 2024-05-31  
**Date Issued:** 2024-06-05      **Statement ID:** PRRS-30576

| #                          | Description                       | Date       | Amount (USD)  | Receipt Attached |
|----------------------------|-----------------------------------|------------|---------------|------------------|
| 1                          | Travel - Taxi fare to client site | 2024-05-04 | 32.50         | Yes              |
| 2                          | Office Supplies                   | 2024-05-09 | 18.90         | Yes              |
| 3                          | Lunch with client (meeting)       | 2024-05-16 | 42.10         | Yes              |
| 4                          | Internet bill (remote work)       | 2024-05-25 | 59.99         | Yes              |
| <b>Total Reimbursement</b> |                                   |            | <b>153.49</b> |                  |

**Important Notes:**

- All listed expenses must be supported by valid receipts or proof of purchase.
- Ensure all entries comply with the organization's reimbursement policy.
- Statements should be submitted within the allowable time frame after incurring expenses.
- Incorrect or incomplete information may cause delays in reimbursement processing.