

[Company Name]
[Company Address]
Phone: [Phone Number]
Date: _____
Request No: _____

Payroll Reimbursement Request

Employee Name: _____ Employee ID: _____

Department: _____ Designation: _____

Pay Period: _____ to _____

#	Description	Date	Amount (USD)	Remarks
1	_____	____ / ____ / ____	_____	_____
2	_____	____ / ____ / ____	_____	_____
3	_____	____ / ____ / ____	_____	_____
Total			_____	_____

Requested By _____

(Signature & Date) _____

Verified By _____

(Signature & Date) _____

Approved By _____

(Signature & Date) _____

Important Notes:

- All reimbursement requests must include valid and original supporting documents.
- Incomplete forms may delay processing.
- Submit this form within payroll period deadlines.
- Approval is subject to company reimbursement policies.