



EMPLOYEE REIMBURSEMENT

To be used only for employee reimbursements.
Original Receipts must be attached.
All expenses will be reimbursed through payroll.

LAST NAME _____

FIRST NAME _____

EMPLOYEE # _____

DEPARTMENT _____

DATE: _____
(mm/dd/yy)

Description	Earnings Code	G/L Account	Amount
Safety Boots (Attach Receipts)	972		
Employee Suggestion Plan	974	-5428	
Miscellaneous Expenses	989		
Tool Allowance	977		
Clothing Allowance	976		
Cell Phone Allowance	982		
Professional/Membership Dues	978	-5413	
TOTAL			\$

For Payroll Use Only
Payroll Batch # _____
Pay Period _____

Authorized By: _____

Requested By: _____

In the case of business expenses, as per the business expense policy, "all expenses must be supported by original receipts showing the names of all individuals present and the purpose or reason for the lunch/function." Approval in all cases must be made by someone at a higher level of authority than the person paying. For further information, contact ext.3075

Return to Payroll. Deadline for submission, Thursday noon of a Non-Pay week. Original receipts must be attached to the back of this form