PAYROLL REIMBURSEMENT FORM

Employee Name: _____   Date: _____

Explanation of Payroll Reimbursement:_____

_____

Total Amount to be Reimbursed: _____

Requested Reimbursement Amount Per Payroll: _____

Employee Pay Cycle (circle one):   Bi-weekly   Monthly

Reimbursement Start Date: _____

Reimbursement End Date: _____

_____ _____ _____
Print Employee Name Employee Signature Date

_____ _____ _____
Print Supervisor's Name Supervisor's Signature Date

TO BE COMPLETED BY THE PAYROLL DEPARTMENT

FOPAL to be deducted for reimbursement: _____

Payroll Start Date: _____

Payroll End Date: _____

_____ _____
Payroll Department Representative (printed name) HR Director (printed name)

_____ _____
Payroll Department Representative's Signature HR Director's Signature

_____ _____
Date Date

_____ _____
VP of Finance and Administration Signature Date