

**BIRMINGHAM PUBLIC SCHOOLS
EMPLOYEE REIMBURSEMENT REQUEST**

SUBMIT TO PAYROLL

EMPLOYEE NAME AS IT APPEARS ON PAYCHECK:

PRINT OR TYPE NAME EMPLOYEE ID # (REQUIRED)

WORK LOCATION

***** DEADLINE TO SUBMIT EMPLOYEE REIMBURSEMENTS TO PAYROLL IS THE FRIDAY PRECEDING PAYROLL WEEK *****

DATE	DESCRIPTION OF EXPENSE TO BE REIMBURSED	AMOUNT

TOTAL MILES _____ @ CURRENT STANDARD IRS RATE = \$ _____
(Brought forward from back of form)

TOTAL REIMBURSEMENT (See Account Distribution below) \$ _____

ACCOUNT NUMBER(S):	AMOUNT:
_____	_____
_____	_____
_____	_____

EMPLOYEE SIGNATURE _____ DATE _____

BUDGET MANAGER SIGNATURE _____ DATE _____

REVIEWED BY _____ DATE _____
(PAYROLL/FINANCE)

ORIGINAL TO PAYROLL; ORIGINATOR, RETAIN A COPY

