



# Employee Reimbursement Form

Finance Disbursements, 200 East Santa Clara St. - 13th Floor, San Jose, CA 95113

Employee Name \_\_\_\_\_ Employee I.D. \_\_\_\_\_

\_\_\_\_\_ Employee Position Number (for safety glasses/shoes) \_\_\_\_\_

Item Purchased (If Applicable) \_\_\_\_\_

Name of Merchant (If Applicable) \_\_\_\_\_

Type of Reimbursement / TRC	Charge Code Detail				Amount
	Fund	Dept. #	Resp Center	Detail Code	

All Original receipts must be attached on a separate sheet of paper.

Payment can not be made without substantiation of payment by the employee.

Total Amount  
of Reimbursement

\*\*\*Uniform/Equip must have attached form. The Uniform/Equip. Reimbursement Form can be found using the Forms link on the Finance intranet home page.

My SIGNATURE below indicates that I have read and understand the City's policy relating to the above expenses and that this statement complies with the policy and its intent. Also, I am verifying any expenses reported on this form were incurred by me for the purpose of City Business and were pre-approved by my manager/supervisor.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

My SIGNATURE indicates that I agree with the expenses listed as necessary to conduct City business, are within budgetary limits, and are in compliance with the related City policy authorizing this reimbursement to the employee.

\_\_\_\_\_  
Manager/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emp ID # & Printed Name

Department Director or designee approval required for expenditures. My SIGNATURE below signifies that these expenditures are reasonable, within budgetary limits, and are consistent with related City Policy.

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emp ID # & Printed Name

The approved reimbursement amount will be included on the employee's paycheck on the next regular City payday following receipt and approval by the Finance Disbursement Division. Please allow adequate time for processing prior to the close of the pay period. Reimbursement requests received by Wednesday before the close of the pay period will be on the paycheck for that pay period.

Based on the type of expenses incurred, this form may need additional approval from the Finance Director, HR Director, and/or City Manager.

\_\_\_\_\_  
Additional Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emp ID # & Printed Name

\_\_\_\_\_  
Employee ID # & Printed Name

\_\_\_\_\_  
Finance/AP - Approved By

\_\_\_\_\_  
Date

Note: In accordance with IRS guidelines regarding an employees reimbursement for business travel, payments to employees are issued under the City's Accountable Plan. Amounts paid meeting the requirements of an accountable plan are not wages and are not subject to income tax withholding and Medicare tax.