

PAYROLL REIMBURSEMENT VOUCHER

Date: _____

Payee (Parish/School): _____

Street: _____

City, State, Zip: _____

Description\

Business Use: _____

Special Handling Instructions: Please send copy of this request w/ the check
attention to the Payroll/Bookkeeper of the Parish

Total Cost Calculation for Services:

Gross Pay \$ _____

Total Benefits _____

Total Check Amount \$ _____ _____ Account # _____

Approval: _____

Vendor #: _____

Parish/School Check Detail:

Gross Pay - to be added to Employee's check - Through Payroll

Benefit Reimbursement (FICA, Medicare & Pension) - 14.15%

Total Reimbursements _____