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) - 13.15%

Total Reimbursements

Pt805