



**EMPLOYEE EXPENSE REIMBURSEMENTS PAST 5 DAYS
REASONABLE CAUSE FOR LATE SUBMISSION (TAXABLE COMPENSATION ISSUE)**

Employee Name: _____

Employee ID #: _____

Employee Email: _____

Employee Phone Number: _____

Please provide a detailed explanation that you believe would provide reasonable cause for the late expense report submission. (Examples that might be considered reasonable cause not to treat the late submission as taxable compensation included extended serious illness, death in the family, etc.) :

Employee Signature: _____

Date: _____

Managers Name: _____

Managers Signature: _____

Managers Phone #: _____

Date: _____

Please submit the completed form to the Financial Services Office as soon as possible, You will be notified within 15 days (from the date received) of the results of your appeal (approved or denied as far as the tax treatment of the reimbursement).

NOTE: Without submission of this form, the employee in question will be in violation of policy MGMT-FIN1030-105.7.3, which can lead to disciplinary action and/or termination.

FOR FINANCIAL SERVICES USE ONLY:

Date Received: _____

Received by: _____

Approved or Denied: _____

Signature of Financial Services Rep: _____

Signature of President: _____ (Only needed if expense in question equate to over \$500)

Date Approved or Denied: _____