

PROJECT SUNSHINE

Employee Name				
Trip Location				
Trip Dates	Check in:	Check out:		
Total Amount Paid				
*Amount Covered By	/ Company			
Amount to be Reimb	ursed by Employee ₋		(If amount owed – Complete Part 2)	
\$300 Spending Mone	ey will be paid as a gr	rossed up bonus on payr	oll closest to trip	
Part 2 - Payroll Dedu	ction to Reimburse	Company if Needed		
□ Take Full Amount f	rom Next Pay			
☐ Take Partial Amour	nt over the next	_ Pay Periods (Max of 4	Pay Periods)	
l,		, hereby authorize G	Guarantee Trust Life Insurance Company to with	hhold
			e withheld at a rate of \$ per pay period	
			panding and/or adding children on to my Projec t in the event my employment shall terminate o	
•			al set forth above, the company may withhold t	
			authorization is executed voluntarily and has no	
made as a condition	of my continued em	ployment.		
Employee Signature:			Date:	
Limployee Signature.		'	Date.	
Part 3 - Employee Te	ermination Disclaime	er		
In any event my emp	oloyment shall termin	nate either voluntarily o	r involuntarily, I understand that any non-cance	elable
cost that the compar	ny incurred will be de	educted from my final pa	aycheck.	
Employee Signature			Data	
Employee Signature:		,	Date:	

* Project Sunshine is being provided to you as a benefit on behalf of Guarantee Trust Life. This trip is considered a taxable fringe benefit by the IRS and the cost the company paid will be grossed up and added to your W2 as income.