MEAL & ENTERTAINMENT REIMBURSEMENT

EMPLOYEE NAME _____

DEPARTMENT / COST CENTER _____

EMPLOYEE ID _____

PERIOD ENDING _____

MANAGER NAME _____

SUBMIT DATE _____

DATE	CATEGORY (MEAL/ENT.)	BUSINESS PURPOSE / VENDOR	ATTENDEES NAME(S)	AMOUNT

Taxable Meals (Staff Only)	
Non-Taxable Meals/Ent. (Client)	
Total Reimbursement	

EMPLOYEE SIGNATURE

Date: _____

APPROVING MANAGER SIGNATURE

Date: _____