

Company Paid Convenience Meals Reimbursement Form

**EMPLOYEE INFORMATION**

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

TITLE / POSITION

MANAGER NAME

**EMPLOYER CONVENIENCE JUSTIFICATION**

Convenience meals are employer-provided meals furnished on the business premises or designated work location, enabling the employee to continue working or remain on-call during a critical business period.

PRIMARY BUSINESS PURPOSE & CRITICAL PROJECT / EMERGENCY NAME

SPECIFIC REASON MEAL WAS PROVIDED FOR EMPLOYER CONVENIENCE (E.G., EXTENDED OVERTIME, EMERGENCY SUPPORT, ON-CALL COVERAGE)

**EXPENSE DETAILS**

DATE	VENDOR / RESTAURANT	SPECIFIC BUSINESS ACTIVITY WORKED	NO. OF ATTENDEES	AMOUNT
<b>Total Reimbursement Claimed</b>				

**Required Documentation Check:**

- Original itemized receipts detailing all purchased items must be attached.
- For group convenience meals, a complete list of attendee names must be appended.
- Submission must be within the established company expense policy window.

EMPLOYEE SIGNATURE DATE

AUTHORIZED APPROVER SIGNATURE DATE

