

CORPORATE MEAL & CLIENT ENTERTAINMENT SHEET

Employee Name

Department

Date Submitted

Manager Name

DATE	ESTABLISHMENT & LOCATION	ATTENDEES (NAME, TITLE, COMPANY)	BUSINESS PURPOSE / TOPIC	AMOUNT (\$)
Total Reimbursement Claim:				

Important Requirements:

1. Itemized receipts must be attached for all transactions. Credit card slips alone are not acceptable.
2. All attendee names, titles, and company affiliations must be clearly documented.
3. Expenses must comply with the corporate travel and entertainment policy.

EMPLOYEE SIGNATURE

Date:

MANAGER APPROVAL SIGNATURE

Date:
