BOARD OF DIRECTORS MEETING

Meal Expense Report

Company/Entity:		**Date of Meeting:**	
Meeting Venue:		**Submitted By:**	
Purpose of Meeting:			

ATTENDEES PRESENT (INCLUDE BOARD MEMBERS & GUESTS)

#	NAME	TITLE / AFFILIATION	SIGNATURE / INITIALS
1			
2			
3			
4			
5			
6			
7			
8			

MEAL EXPENSE DETAILS

DATE	MEAL TYPE	VENDOR / CATERER	RECEIPT ATTACHED (Y/N)	AMOUNT

Subtotal	
Tax	
Gratuity/Tip	
Total Expense	

AUTHORIZATION & SIGN-OFF

Claimant Signature & Date

Authorized Approver Signature & Date

Treasurer Signature & Date

Chairman of the Board Signature & Date

Note: Please attach itemized receipts for all food and beverage expenses. Ensure that the total number of attendees aligns with the recorded attendance. Submit this form within 10 business days of the meeting.