CLIENT DINNER EXPENSE REPORT

Employee Name: _____

Department: _____

Submit Date: _____

Manager Name: _____

DATE	RESTAURANT / LOCATION	CLIENTS & ATTENDEES (NAME & COMPANY)	BUSINESS PURPOSE	RECEIPT ATTACHED	AMOUNT
				☐	
				☐	
				☐	
				☐	
				☐	
				Total Expenses:	

Employee Signature

Signature: _____ Date: _____

Manager Approval

Signature: _____ Date: _____