

EMPLOYER NECESSITY MEAL EXPENSE ALLOCATION SHEET

Convenience of Employer IRS Section 119 Compliance Template

Employee Name:

Department:

Job Title:

Pay Period / Date:

Employee ID:

Supervisor:

BUSINESS NECESSITY JUSTIFICATION

MEAL EXPENSE ALLOCATION DETAILS

Date	Specific Business Reason	Vendor / Provider	No. of Attendees	Total Cost	Employer %	Allocated Amount
Total Meal Expenses:						

Employee Signature

Date:

Authorized Approver Signature

Date: