

OVERTIME EMPLOYEE MEAL EXPENSE CLAIM

Evening Shift Reimbursement Template

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

MANAGER / SUPERVISOR

DATE OF OVERTIME SHIFT

OVERTIME HOURS WORKED

DATE	ESTABLISHMENT / VENDOR	ITEMS PURCHASED	RECEIPT ATTACHED (Y/N)	AMOUNT
Total Claimed Amount:				

Meal Expense Policy Guidelines:

- Overtime meals are reimbursable only for evening shifts exceeding a designated number of hours.
- Itemized receipts must be attached for all transactions. Non-itemized card receipts are not accepted.
- Alcoholic beverages are strictly excluded from reimbursement.
- Submissions must be made within the standard company expense filing window.

EMPLOYEE SIGNATURE

DATE

APPROVING MANAGER SIGNATURE

DATE

