

# TRAVEL MEALS & DINING EXPENSE

Business Trip Food Expense Reimbursement Report

**Employee Name:**

**Department:**

**Employee ID:**

**Manager / Approver:**

**Trip Destination:**

**Business Purpose:**

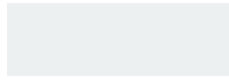
**Trip Start Date:**

**Trip End Date:**

**Total Meal Expenses**

**Tips & Gratuity**

**Less: Personal / Non-  
Reimbursable**



**Business Reason / Policy Notes:**

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Employee Signature Date

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Authorizing Manager Signature Date