

MEAL & ENTERTAINMENT REIMBURSEMENT TRACKER

Payroll Reimbursement Claim Template



EMPLOYEE NAME _____

EMPLOYEE ID _____

DEPARTMENT _____

MANAGER / APPROVER _____

PAY PERIOD ENDING DATE _____

SUBMISSION DATE _____

| DATE | CATEGORY | ESTABLISHMENT | ATTENDEES (NAME & RELATIONSHIP) | BUSINESS PURPOSE | AMOUNT | RECEIPT |
|------|----------|---------------|---------------------------------|------------------|--------|--------------------------|
| | | ▼ | | | | <input type="checkbox"/> |
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| | | ▼ | | | | <input type="checkbox"/> |
| | | ▼ | | | | <input type="checkbox"/> |
| | | ▼ | | | | <input type="checkbox"/> |
| | | ▼ | | | | <input type="checkbox"/> |

Total Claims:

**Total
Reimbursement:**

Important Reimbursement Policy Guidelines:

- Original itemized receipts are required for all transactions. Credit card slips alone do not suffice.
- Business purpose and names of all attendees (including titles and affiliations) must be documented clearly.
- Subject to current IRS limitations regarding deductibility of meals and entertainment expenses.

EMPLOYEE SIGNATURE & DATE

MANAGER APPROVAL & DATE

PAYROLL PROCESSING & DATE