

# OVERTIME DINNER REIMBURSEMENT REQUEST

EXPENSE TEMPLATE FOR OVERTIME EMPLOYEE MEALS

## EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT / TEAM

JOB TITLE

## OVERTIME DETAILS

DATE OF OVERTIME

OVERTIME START TIME

OVERTIME END TIME

REASON FOR OVERTIME / PROJECT NAME

## MEAL EXPENSE DETAILS

| DATE OF MEAL | RESTAURANT / VENDOR NAME | RECEIPT / INVOICE # | TOTAL AMOUNT |
|--------------|--------------------------|---------------------|--------------|
|              |                          |                     |              |
|              |                          |                     |              |

Original itemized receipt(s) attached as proof of purchase.

**Submission Guidelines:** Reimbursement is subject to company policy limits regarding overtime dinner expenses. Please submit this form along with all relevant receipt copies within the designated submission window of incurring the expense.

---

**EMPLOYEE SIGNATURE**

Date: \_\_\_\_\_

---

**SUPERVISOR / MANAGER APPROVAL**

Date: \_\_\_\_\_