

CLIENT DINING EXPENSE REPORT

Entertainment & Business Meals Reimbursement



EMPLOYEE NAME

DEPARTMENT

EMPLOYEE ID

MANAGER / APPROVER

REPORT DATE

PERIOD COVERED

DATE	RESTAURANT / ESTABLISHMENT & LOCATION	ATTENDEES (NAME, TITLE, COMPANY)	BUSINESS PURPOSE / PROJECT	RECEIPT ATTACHED	AMOUNT

SUBTOTAL	
OTHER / TIPS	
TOTAL DUE	

POLICY COMPLIANCE GUIDELINES

- Original itemized receipts are required for all client entertainment and dining expenses.
- All external attendees must be listed by name, title, and organization to comply with tax regulations.
- A clear, specific business purpose must be documented for each meal.
- Expenses must be submitted within 30 days of the transaction date.

EMPLOYEE SIGNATURE

Date: _____

AUTHORIZING MANAGER SIGNATURE

Date: _____

