CLIENT MEETING & DINING EXPENSE SHEET

Document No:
Submission Date:

Employee Name:

Department:

Manager / Approver:

Expense Period:

DATE	CLIENT NAME(S)	CLIENT COMPANY	BUSINESS PURPOSE	VENUE / LOCATION	NO. OF ATT.	AMOUNT	RECEIPT?

Total Expense

NOTES & SPECIAL INSTRUCTIONS

Employee Signature & Date

Authorized Approver Signature & Date