ON-SITE EMPLOYER-PROVIDED MEAL EXPENSE TRACKER

Convenience of Employer Rule Validation & Recordkeeping

EMPLOYEE NAME / DEPARTMENT

PERIOD BEGINNING / ENDING

ON-SITE LOCATION / FACILITY

APPROVER NAME & TITLE

> **IRS Section 119 Substantiation Statement:** Meals documented on this form must be provided on the business premises of the employer and for the convenience of the employer (e.g., emergency standby, short meal periods, lack of alternative dining options, or requirement to remain on-site).

DATE	VENDOR / CATERER	MEAL DESCRIPTION	SPECIFIC EMPLOYER CONVENIENCE REASON	NO. OF MEALS	UNIT COST	TOTAL COST
			Total Meal Expenses			

EMPLOYEE SIGNATURE DATE

AUTHORIZED APPROVER SIGNATURE DATE