

MEAL & ENTERTAINMENT EXPENSE

Payroll Reimbursement Request

Form ID: ME-PR-01

Employee Name:

Submission Date:

Employee ID:

Pay Period:

Department:

Manager Name:

Date	Establishment	Attendees & Business Relationship	Business Purpose / Topic	Category	Amount	Receipt

Total Meal Expenses:	
Total Entertainment:	
Total Reimbursement:	

Policies & Guidelines:

- Original itemized receipts must be attached for all expenses. Credit card slips alone are not acceptable.
- For business meals and entertainment, detail the names, titles, and company affiliations of all attendees.
- This reimbursement request must be submitted within the designated company policy window to be processed in the current payroll cycle.

Employee Signature

Date: _____

Manager Approval Signature

Date: _____

Payroll Department Approval

Date: _____