

COMPANY DINING EXPENSE REPORT

Business Meeting Meals & Entertainment

Employee Name:

Department:

Period Start Date:

Period End Date:

DATE	ESTABLISHMENT / VENUE	ATTENDEES (NAMES & AFFILIATION)	BUSINESS PURPOSE / PROJECT REFERENCE	PAYMENT METHOD	AMOUNT	RECEIPT (Y/N)
				▼		▼
				▼		▼
				▼		▼
				▼		▼
				▼		▼
Total Reimbursement Claimed:						

Employee Signature / Date

Approving Manager Signature / Date