

LATE NIGHT SHIFT EMPLOYEE MEAL REIMBURSEMENT

Expense Claim Template

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

SUPERVISOR / MANAGER

DATE OF OVERTIME SHIFT

OVERTIME HOURS WORKED

Date	Vendor / Restaurant	Items Purchased	Receipt Attached	Amount
			Subtotal:	
			Tax & Tip:	
			Total Claim Amount:	

Reimbursement Policy Guidelines:

- Meal expenses are eligible for reimbursement only for shifts extending beyond standard working hours (late night / overtime).
- Original itemized receipts must be attached to this form for approval.
- Alcoholic beverages are not eligible for reimbursement.
- Claims must be submitted within the designated company expense cycle.

Employee Signature

Date: _____

Manager / Supervisor Approval

Date: _____