MEAL & ENTERTAINMENT CLAIM FORM

Employee Name		**Date of Claim**	
Department		**Employee ID**	
Manager / Approver		**Project / Cost Center**	

DATE	CLIENT / BUSINESS GUEST(S) (NAME & COMPANY)	BUSINESS PURPOSE (SPECIFIC TOPICS DISCUSSED)	ESTABLISHMENT & LOCATION	AMOUNT

Subtotal	
Tips / Gratuity	
Total Claim Amount	

Employee Signature

Date: _____

Authorized Approver Signature

Date: _____

Submission Guidelines:

1. All expense claims must be accompanied by itemized receipts showing the establishment, items ordered, tax, and gratuity.
2. For IRS compliance, you must list all attendees (names and organization affiliation) and the specific business topic discussed.
3. Claims must be submitted within the timeframe specified by company policy.