CLIENT DINING EXPENSE REIMBURSEMENT FORM

Business Meal & Entertainment Detail Record

EMPLOYEE NAME

DEPARTMENT

JOB TITLE

SUBMISSION DATE

EMPLOYEE ID

MANAGER NAME

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

TOTAL CLAIM

Requirements & Instructions:

- Itemized receipts must be attached for all transactions regardless of the amount.
- All client names, company affiliations, and business topics discussed must be documented.
- Expenses must comply with standard company policies regarding maximum allowable limits per person.

EMPLOYEE SIGNATURE DATE

AUTHORIZED APPROVAL DATE