CLIENT HOSPITALITY DINING EXPENSE SPREADSHEET

Employee Name: _____

Department / Dept No: _____

Period Start Date: _____

Period End Date: _____

Date	Client Name(s)	Company / Affiliation	Restaurant / Venue	Business Purpose	No. of Guests	Total Cost	Receipt
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
				Total Reimbursement Claim:			

_____

Employee Signature Date

_____

Authorized Approver Signature Date