CLIENT MEETING MEAL REIMBURSEMENT

Employee Information

Employee Name

Department / Cost Center

Job Title

Submission Date

Client & Meeting Details

Client Name(s)

Client Company / Organization

Business Purpose of Meeting

Expense Details

Date of Meal	Restaurant / Establishment Name & Location	Attendees (Internal & External)	Receipt Attached? (Y/N)	Amount
			Total Reimbursement Claim:	

Employee Signature & Date

Manager Approval Signature & Date