

## BUSINESS TRIP FOOD AND BEVERAGE REIMBURSEMENT

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EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ID: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

MANAGER NAME: \_\_\_\_\_

TRIP PURPOSE: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

TRAVEL DATES: \_\_\_\_\_

DATE	MEAL TYPE (B / L / D / OTHER)	ESTABLISHMENT NAME	ATTENDEES & BUSINESS PURPOSE	RECEIPT ATTACHED	AMOUNT
<b>Total Reimbursement Claim:</b>					

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EMPLOYEE SIGNATURE

Date: \_\_\_\_\_

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MANAGER / APPROVER SIGNATURE

Date: \_\_\_\_\_