

OVERTIME MEAL EXPENSE CLAIM FORM

Please submit this form along with original itemized receipts within 5 business days of the overtime worked.

EMPLOYEE INFORMATION

Employee Name

Employee ID

Department / Cost Center

Manager / Supervisor

OVERTIME DETAILS

Date of Overtime

Overtime Start Time

Overtime End Time

Reason for Overtime / Project Name

MEAL EXPENSE DETAILS

Date	Meal Type	Vendor / Restaurant Name	Receipt Attached	Amount
	<input type="text"/>		<input type="checkbox"/>	
	<input type="text"/>		<input type="checkbox"/>	
Total Claimed Amount				

Employee Signature

Date

Manager / Approver Signature

Date

Submission Policy: Reimbursement is subject to company policy limits on overtime meals. Original, itemized receipts must be affixed to this form. Credit card slips alone are not acceptable.

