

EMPLOYEE OVERTIME MEAL COMPENSATION VOUCHER

Expense Claim & Reimbursement

Voucher No: _____

Date: _____

EMPLOYEE & DEPARTMENT INFORMATION

Employee Name:

Employee ID:

Department:

Supervisor:

OVERTIME DETAILS

Date of Overtime:

Overtime Hours Worked:

Reason for Overtime:

MEAL EXPENSE DETAILS

DATE	OVERTIME PERIOD (HRS)	RESTAURANT / FOOD PROVIDER	AMOUNT CLAIMED

Total Reimbursement Claim:

Submission Requirements:

- Original itemized receipts must be attached to the back of this voucher.
- Claims must be submitted within 30 days of the overtime worked.
- Expenses must comply with the standard corporate meal allowance policies.

Employee Signature

Date: _____

Supervisor Approval

Date: _____

Finance Authorization

Date: _____