

STAFF MEAL & ENTERTAINMENT

Payroll Reimbursement Claim Form

Employee Name:

Submit Date:

Employee ID:

Pay Period:

Department:

Manager Name:

| DATE | TYPE (MEAL/ENT) | ESTABLISHMENT & LOCATION | BUSINESS PURPOSE & ATTENDEES | AMOUNT | RECEIPT ATTACHED |
|------|--------------------|--------------------------|------------------------------|--------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|---------------------------------------|--|
| Subtotal | |
| Less Personal/Non-Reimbursable | |
| Total Claim | |

I hereby certify that the expenses listed above were incurred for legitimate business purposes in accordance with company policy, and that I have not been, nor will be, reimbursed for these expenses from any other source. Receipts for all transactions are attached.

Employee Signature Date

Manager Approval Signature Date

HR / Payroll Authorization Date

Finance/Accounts Payable Date