BOARD OF DIRECTORS

Dining Expense Claim Form

DIRECTOR NAME

DATE OF SUBMISSION

COMMITTEE / BOARD TITLE

EMAIL / CONTACT INFO

MEETING & EVENT DETAILS

MEETING DATE

MEETING PURPOSE / AGENDA REFERENCE

VENUE / RESTAURANT NAME & LOCATION

ATTENDEES LIST (REQUIRED FOR TAX COMPLIANCE)

Attendee Name	Title / Affiliation

EXPENSE BREAKDOWN

Date	Description (e.g., Dinner, Lunch, Refreshments)	Receipt Attached (Y/N)	Amount

Date	Description (e.g., Dinner, Lunch, Refreshments)	Receipt Attached (Y/N)	Amount
		Total Claim Amount	

REIMBURSEMENT METHOD

BANK NAME

ACCOUNT NUMBER / IBAN

ROUTING / BIC / SWIFT CODE

Director Signature

DATE

Authorized Approver Signature

DATE

Please attach itemized receipts for all expenses listed above. Reimbursement requests without receipt verification may be delayed or returned.