

BUSINESS MEAL EXPENSE REIMBURSEMENT FORM

Submit completed form with original receipts within 30 days of the event.

EMPLOYEE INFORMATION

EMPLOYEE NAME

DEPARTMENT / COST CENTER

JOB TITLE

EMAIL ADDRESS

SUBMISSION DATE

MEETING DETAILS

DATE OF MEETING / EVENT

ESTABLISHMENT NAME & LOCATION

BUSINESS PURPOSE OF MEETING

ATTENDEES LIST (NAMES & AFFILIATIONS)

#	NAME	ORGANIZATION / TITLE / RELATIONSHIP TO BUSINESS
1		
2		
3		
4		
5		

EXPENSE BREAKDOWN

DESCRIPTION / ITEMIZATION (E.G., DINNER, BEVERAGES)	RECEIPT ATTACHED	AMOUNT
	[] Yes [] No	
	[] Yes [] No	
	[] Yes [] No	
Gratuity / Tip	[] Yes [] No	

DESCRIPTION/ ITEMIZATION (E.G., DINNER, BEVERAGES)	RECEIPT ATTACHED	AMOUNT
Other:	[] Yes [] No	

METHOD OF PAYMENT

Personal Cash/Card

Corporate Card

Subtotal	
Tax	
Total Claim Amount	

EMPLOYEE SIGNATURE

DATE SIGNED

AUTHORIZED APPROVER SIGNATURE

DATE APPROVED
