

STAFF EXTRA HOURS MEAL RECEIPT LOG

Expense Claim Template for Overtime Employee Meals

EMPLOYEE NAME:

DEPARTMENT:

EMPLOYEE ID:

MANAGER NAME:

PERIOD START DATE:

PERIOD END DATE:

DATE	OT HOURS WORKED	RESTAURANT / VENDOR	RECEIPT NO.	PROJECT / PURPOSE	AMOUNT
Total Reimbursement Claim:					

Submission Instructions: Please attach original physical receipts or digital copies corresponding to each entry. Meal expense claims must align with registered overtime hours. Standard corporate meal policy limits apply.

EMPLOYEE SIGNATURE

Date: _____

AUTHORIZING MANAGER SIGNATURE

Date: _____