

CONFERENCE MEAL ALLOWANCE CLAIM FORM

Expense Template for Conference and Seminar Meals

CLAIMANT INFORMATION

Employee Name

Employee ID

Department

Manager / Approver Name

EVENT & TRAVEL DETAILS

Conference / Seminar Name

Location (City, State/Country)

Start Date

End Date

MEAL EXPENSE DETAILS

Date	Meal Type	Establishment / Details	Amount Claimed	Receipt Attached
				☐
				☐
				☐
				☐
				☐
Total Claimed Amount:				

Claimant Signature

Date

Authorizing Signature

Date

- Important Notes:
- Standard meal allowances and daily limits are subject to organization expense policy.
 - Original itemized receipts must be attached for all claimed amounts over the threshold limit.
 - This form must be submitted within 30 days of the conference conclusion.