CORPORATE HOLIDAY PARTY & HOLIDAY MEAL

Expense Reimbursement Form

EMPLOYEE / ORGANIZER NAME _____

DEPARTMENT / COST CENTER _____

SUBMISSION DATE _____

EVENT NAME / DESCRIPTION _____

EVENT DATE _____

EVENT VENUE / LOCATION _____

TOTAL NUMBER OF ATTENDEES _____

DATE	ITEM / SERVICE DESCRIPTION	VENDOR NAME	RECEIPT ATTACHED	AMOUNT
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	

Subtotal _____

Gratuity / Tips _____

Total Reimbursement _____

EXPENSE POLICY NOTES

- Original itemized receipts are required for all individual expenses. Credit card statements alone are not accepted.
- Holiday party expenses must align with approved budget allocations for departmental events.
- Alcoholic beverages must be detailed separately on the itemized receipt and fall within company policy limits.
- Submit this form along with all supporting documentation within 14 business days of the event.

EMPLOYEE SIGNATURE DATE

DEPARTMENT MANAGER APPROVAL DATE

FINANCE DEPARTMENT SIGN-OFF DATE

HR DEPARTMENT SIGN-OFF (IF APPLICABLE) DATE