

Meal and Entertainment Expense Reimbursement Form

Employee Name:

Department:

Employee ID:

Submission Date:

Manager Name:

Pay Period:

Date	Type (Meal/Ent.)	Business Purpose	Attendees & Affiliation	Establishment/Location	Amount

Total Claim:

Important Policy Reminder: All reimbursement claims for meal and entertainment expenses must be accompanied by original itemized receipts. Claims must document the business purpose and list all attendees, including their business relationship to the company, in compliance with internal policy and IRS guidelines.

Employee Signature

Date:

Authorized Approver Signature

Date: