

# AFTER HOURS EMPLOYEE DINING

Expense Claim Sheet

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Employee Name		Employee ID	
Department		Job Title	
Manager/Approver		Pay Period / Date range	

DATE	OVERTIME REASON / PROJECT CODE	RESTAURANT / VENDOR	RECEIPT ATTACHED	AMOUNT
<b>Total Reimbursement Claim:</b>				

**Overtime Meal Policy Guidelines**

- Dining expenses are eligible for reimbursement only when working a minimum of 2 hours of overtime beyond regular working hours.
- Itemized receipts must be attached for all transactions. Non-itemized credit card slips are not acceptable.
- Reimbursement is subject to the maximum daily limit defined by the company meal policy.
- Alcoholic beverages are strictly non-reimbursable.

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**Employee Signature**  
Date: \_\_\_\_\_

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**Manager / Approver Signature**  
Date: \_\_\_\_\_