CLIENT ENTERTAINMENT & DINING

Reimbursement Claim Form

CLAIM REFERENCE

EMPLOYEE NAME

DEPARTMENT

EMPLOYEE ID

SUBMISSION DATE

MANAGER / APPROVER

PROJECT / COST CENTER

DATE	CLIENT NAME & COMPANY	ATTENDEES (INTERNAL & EXTERNAL)	BUSINESS PURPOSE	VENUE & LOCATION	AMOUNT

Subtotal

Tax / VAT

Total Claim Amount

Claimant Signature

Date:

Authorized Approver Signature

Date: