

PAYROLL MEAL & ENTERTAINMENT CLAIM SHEET

Reimbursement Request Form

Employee Name:		Employee ID:	
Department:		Manager/Supervisor:	
Period Start Date:		Period End Date:	

DATE	ESTABLISHMENT / LOCATION	BUSINESS PURPOSE & ATTENDEES	NO. OF GUESTS	RECEIPT ATTACHED (Y/N)	AMOUNT
Total Reimbursement Claim:					

Important Requirements: All claims must be accompanied by itemized receipts. Credit card slips alone are not acceptable. Business purpose and names of all attendees must be clearly documented. Expenses must comply with company reimbursement policies and IRS/tax guidelines regarding deductible business meals and entertainment.

Employee Signature

Date

Manager Approved By (Signature)

Date

Payroll Department Approval

Date