STAFF TRAVEL DINING EXPENSE LOG

Employee Meal & Entertainment Reimbursement Record

Employee Name:

Department:

Employee ID:

Manager / Approver:

Destination & Purpose:

Travel Dates:

DATE	MEAL TYPE	ESTABLISHMENT & LOCATION	ATTENDEES (IF APPLICABLE)	BUSINESS PURPOSE / PROJECT	PAYMENT METHOD	AMOUNT
					Total Reimbursement Claim:	

Submission Guidelines: Original itemized receipts must be attached for all dining expenses. For business meals involving clients or multiple staff members, please list all attendee names and affiliations. Ensure corporate travel policies regarding daily meal allowances are observed.

Employee Signature Date

Manager Authorization Signature Date