

# EMPLOYER-PROVIDED CONVENIENCE MEAL CLAIM

Expense Reimbursement & Tax Compliance Template

EMPLOYEE NAME:

DEPARTMENT:

EMPLOYEE ID:

SUPERVISOR/MANAGER:

CLAIM PERIOD FROM:

CLAIM PERIOD TO:

## BUSINESS CONVENIENCE SUBSTANTIATION

To qualify as a non-taxable de minimis or employer-provided convenience meal (under IRC Section 119), meals must be furnished on the business premises of the employer and for the convenience of the employer. Please check the primary business reason below:

Employee required to be on-call for emergencies during the meal period.

Nature of business restricts employee to a short meal period (e.g., 30 mins) and cannot eat elsewhere.

Employee unable to secure meals within a reasonable period (e.g., insufficient eating facilities nearby).

Other business-necessitated reason (specify in table below).

DATE	MEAL TYPE	SPECIFIC BUSINESS NECESSITY & CONVENIENCE REASON	RECEIPT (Y/N)	AMOUNT
<b>Total Claim Amount:</b>				

EMPLOYEE SIGNATURE DATE

APPROVING AUTHORITY SIGNATURE DATE