

Meal Expense Receipt

Date:

Receipt No.:

Employee Name:

Department/Project:

Purpose of Meal:

| # | Description | Qty | Unit Price | Total |
|---------------------|-------------|-------|------------|-------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| Total Amount | | | | _____ |

Payment Method:

[] Cash [] Credit Card [] Other: _____

Supporting Receipt Attached:

[] Yes [] No

Employee Signature

Manager Approval

Date

Important Notes:

- Attach original meal receipts to support the expense claim.
- Ensure all fields are clearly filled out before submission.
- Unauthorized or personal expenses are not reimbursable.
- Meals must be directly related to company business or approved travel.
- Approval by both employee and manager is required before reimbursement.