

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.