

# Meal and Entertainment Expense Receipt

## General Information

Date of Expense:	_____	Receipt Number:	_____
Employee Name:	_____	Department:	_____
Business Purpose:	_____		

## Details of Expense

Date	Vendor/Establishment	Location	Participants (Names & Affiliations)	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total:				_____

## Additional Information

Type (Meal/Entertainment):	_____
Receipt(s) Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks/Notes:	_____

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Employee Signature

Date: \_\_\_\_\_

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Manager Approval

Date: \_\_\_\_\_

## Important Notes

- Original receipts must be attached for all expenses claimed.
- Clearly state the business purpose and list all participants.
- Expenses must comply with company policy and relevant tax regulations.
- Incomplete forms may delay reimbursement processing.
- Manager's approval is required prior to submission for reimbursement.