

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:	_____

Employee Signature
Date: _____

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.