

# Business Travel Meal Expense Report

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Report Date:** \_\_\_ / \_\_\_ / \_\_\_

**Trip Purpose:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

Date	City	Breakfast	Lunch	Dinner	Total	Receipt Attached	Comments
___ / ___ / ___	_____	___	___	___	___	Yes / No	_____
___ / ___ / ___	_____	___	___	___	___	Yes / No	_____
___ / ___ / ___	_____	___	___	___	___	Yes / No	_____
<b>Grand Total</b>						_____	

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_

**Manager Approval:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_

## Important Notes:

- Attach all relevant meal receipts to support your claims.
- Expenses should comply with the company's Travel & Expense Policy.
- Incomplete or late submissions may cause reimbursement delays.
- Personal and alcoholic beverage expenses are not reimbursable.
- Ensure approval is obtained from your manager or supervisor.