

# Daily Food Allowance Claim Form

Document No.: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Date(s): \_\_\_\_\_

Purpose: \_\_\_\_\_

Date	Location	Breakfast (Yes/No)	Lunch (Yes/No)	Dinner (Yes/No)	Total Claim (Currency)	Remarks

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## Claimant Signature

Name: \_\_\_\_\_

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

## Approved By

Name/Designation: \_\_\_\_\_

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

## Important Notes:

- Ensure all fields are accurately filled before submitting.
- Attach all relevant supporting documents or receipts, if required.
- Claims must comply with the company's food allowance policy.
- Incorrect or incomplete forms may result in delay or rejection of claim.