

# 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.