

Employee Food Bill Submission Form

Employee Details

Name:

Employee ID:

Department:

Designation:

Bill Period:

e.g. June 2024

Food Bill Details

Date	Vendor/Restaurant	Meal Type	Bill Number	Amount (₹ ¹)	Remarks
<input type="text"/>	<input type="text"/>	<input type="button" value="Se ▾"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Se ▾"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Se ▾"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total					

Attachments (Bill Scans/Photos):

List file names or links

Purpose/Justification:

Enter brief reason for food expense

Employee Signature

Date: _____

Manager/HR Approval

Date: _____

Important Notes

- Original or scanned copies of food bills must be submitted with this form.
- Only official or eligible expenses as per company policy will be reimbursed.
- Incomplete forms or missing documentation may delay processing.
- Submission deadline: bills must be submitted within the specified period after expense.
- Providing false information will result in disciplinary action.