

# Group Food Bill Reimbursement Sheet

Date of Meal:

2024-06-09

Location/Venue:

ABC Restaurant

Department/Project:

Project Neptune

Purpose of Meal:

Team Meeting & Celebration

Paid By:

Jane Doe

## List of Members Present

#	Name	Department	Signature
1	Jane Doe	Development	_____
2	John Smith	Design	_____
3	Alice Green	QA	_____
4	Michael Tan	Development	_____
5	Lisa Wong	Marketing	_____

## Expense Details

Date	Description	Amount (USD)
2024-06-09	Group Lunch - Main Course	120.00
2024-06-09	Beverages	40.00
2024-06-09	Desserts	30.00
<b>Total</b>		<b>190.00</b>

## Approval & Claim

Claimed By:

Jane Doe

Date:

2024-06-10

Approved By:

Date:

## Important Notes

- All original receipts must be attached with this form.
- Ensure all attendee names and signatures are provided and legible.
- The purpose of the meal should be clearly mentioned.
- Reimbursement requests must comply with company policies and limits.
- Approval from the relevant authority is mandatory prior to reimbursement.

