

Official Meal Reimbursement Claim Sheet

Date of Submission:	_____	Department:	_____
Name:	_____	Employee ID:	_____
Designation:	_____	Contact No.:	_____

Meal Expense Details

Date	Meal Type (B/L/D)	Location	Purpose/Remarks	No. of Persons (if group)	Amount (in USD)	Receipt Attached
_____	_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	_____	Yes / No
Total Amount (USD):					_____	

Claimant Signature: _____	Date: _____
Supervisor/Manager Approval: _____	Date: _____

Important Notes

- Attach original meal receipts for each claimed expense.
- Claims must comply with company reimbursement policy and daily limits.
- Incomplete forms or missing receipts may delay the reimbursement process.
- Submit claims within the stipulated period after incurring the expense.
- Group expenses must specify all attendees and the business purpose.