

Food Bill Reimbursement Form

Date: _____

Employee Name: _____

Employee ID: _____

Department: _____

Expense Period (From): _____

Expense Period (To): _____

Food Expenses Details

Date	Meal Type	Description	Location/Vendor	Amount (INR)	Bill Attached
_____	Breakfast / Lunch / Dinner	_____	_____	_____	Yes / No
_____	Breakfast / Lunch / Dinner	_____	_____	_____	Yes / No
Total Amount				_____	

Purpose of Expense: _____

Employee Signature

Manager Approval

Important Notes:

- All food bills must be attached with the original receipts.
- Ensure the claims are within the company's approved reimbursement policy limits.
- Incomplete forms or missing documentation may result in delays or rejection of the claim.
- The form should be submitted within the prescribed time after incurring the expense.
- Any falsified claims will lead to disciplinary action.