

# 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
<b>Total Amount</b>			_____	_____	

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.