

Entertainment Expense Reimbursement Checklist

General Information

Employee Name:

Designation/Department:

Date of Expense:

____/____/____

Purpose of Entertainment:

Expense Details

Date	Description	Venue/Location	Attendees	Amount	Receipt Attached
____/____/____					<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____					<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Total					

Attach Supporting Documents

- Original receipts
- Proof of payment
- List of attendees (if not included above)
- Invitation/agenda (where applicable)

Approvals

Employee Signature:

_____ Date: _____

Manager Approval:

_____ Date: _____

Finance Review:

_____ Date: _____

Important Notes

- All expenses must comply with the company's Entertainment & Hospitality Policy.
- Incomplete forms or missing receipts may delay reimbursement.
- Business purpose and attendees must be clearly specified for each claim.
- Expenses must be submitted within the stipulated timeframe after the event.

