

Business Entertainment Reimbursement Statement

Employee Name: _____

Department: _____

Employee ID: _____

Date: ____ / ____ / ____

Purpose of Entertainment: _____

Entertainment Expense Details

Date	Venue	Persons Entertained & Business Relationship	Description	Amount (\$)
____ / ____ / ____	_____	Name: _____ Company: _____	_____	_____
____ / ____ / ____	_____	Name: _____ Company: _____	_____	_____
Total Amount				_____

Additional Remarks: _____

Employee Signature _____

Date _____

Manager Approval _____

Important Notes

- Attach all original receipts and supporting documents to this statement.
- Ensure all business relationships and purposes of entertainment are clearly specified.
- All claims must comply with the company's reimbursement policies and limits.
- False statements or claims may result in disciplinary action.
- This form must be approved by your immediate supervisor or authorized approver.