

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.