

Meal Receipt Document for Reimbursement

Employee Information

Name: _____
Employee ID: _____
Department: _____

Meal Details

Date	Time	Meal Type	No. of Persons	Location
____/____/____	_____	Breakfast / Lunch / Dinner	_____	_____

Expense & Receipt Details

Receipt Number	Vendor/Restaurant Name	Total Amount	Currency
_____	_____	_____	_____

Purpose of Meal: _____

Employee Signature: _____

Date Submitted: ____/____/____

Important Notes:

- Attach original itemized meal receipt(s) with this form.
- State the business purpose clearly for meal reimbursement eligibility.
- Reimbursement requests must be submitted within the time frame as per company policy.
- All fields should be filled accurately to avoid delays in processing.
- Alcohol expenses are not reimbursable unless pre-approved.