

# 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.