

Hospitality Reimbursement Bill

Bill No.: HRB/2024/056

Date: 2024-06-25

Name: Jane Doe

Department: Guest Relations

Purpose of Hospitality:

Meeting with corporate client (ABC Corporation) for business relationship strengthening over lunch.

| S. No. | Date | Particulars / Description | Vendor / Location | Amount (₹) |
|--------------|------------|-------------------------------|-------------------------|------------|
| 1 | 2024-06-21 | Lunch with client (3 persons) | Grand Palace Restaurant | 3,200 |
| 2 | 2024-06-21 | Snacks & Beverages | Grand Palace Restaurant | 580 |
| Total Amount | | | | 3,780 |

Amount in Words: Three Thousand Seven Hundred Eighty Rupees only

Claimant's Signature: _____ Date: _____

Approved By: _____ Date: _____

Important Notes:

- Attach original bills/receipts with this form for approval.
- Claim must be submitted within 7 days of expense.
- Personal expenses are not eligible for reimbursement.
- Bill format and details may vary as per company policy.
- False claims will result in disciplinary action.