

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 (â‚¹)
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.