

# Meals and Incidentals Reimbursement Form

Employee Name

Department

Period Start Date

Period End Date

Employee ID

Purpose of Trip/Event

Date	Meal	Amount	Description/Location	Receipt Attached
<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>
<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>
<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>
<b>Total:</b>		<input type="text"/>		

Employee Signature

Date Signed

Approver Name

Approval Date

## Important Notes

- Claims must be supported by original or digital receipts where required.
- Ensure all expenses comply with the organization's Meals and Incidentals Policy.
- Provide clear explanations for any incidentals claimed.
- Incomplete forms or missing signatures may delay reimbursement.
- Submit the completed form within the prescribed timeframe after travel.