

Business Meal and Entertainment Expense Form

Please complete all fields for reimbursement. This form is designed for printing and physical signature.

Employee Information			
Employee Name:	<input type="text"/>	Department:	<input type="text"/>
Job Title:	<input type="text"/>	Manager/Approver:	<input type="text"/>

Expense Details			
Date of Event:	<input type="text" value="MM/DD/YYYY"/>	Amount Charged:	<input type="text" value="0.00"/>
Establishment Name:	<input type="text"/>	Location (City, State):	<input type="text"/>
Expense Type:	<input type="text" value="e.g., Business Lunch, Client Dinner, Gala"/>		
Business Purpose:	<input type="text" value="Topics discussed and business relationship"/>		

Attendees List (Include Name, Title, and Company)		
Attendee Name	Title / Position	Company / Affiliation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment and Documentation	
Payment Method:	<input type="text" value="e.g., Corporate Card, Personal Cash, Personal Credit Card"/>
Receipt Attached:	<input type="text" value="e.g., Yes / No"/>

Authorization & Signatures			
Employee Signature:	<input type="text" value="Sign upon printing"/>	Date Signed:	<input type="text" value="MM/DD/YYYY"/>
Manager Signature:	<input type="text" value="Sign upon printing"/>	Date Approved:	<input type="text" value="MM/DD/YYYY"/>