

Client Meeting and Hospitality Expense Claim

Please complete all fields below for reimbursement. Attach all original receipts to this form before submission.

Claimant Information			
Employee Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Date of Claim:	<input type="text" value="DD/MM/YYYY"/>

Event & Meeting Details			
Date of Event:	<input type="text" value="DD/MM/YYYY"/>	Venue / Location:	<input type="text"/>
Client Company Name:	<input type="text"/>	Client Attendee Name(s):	<input type="text"/>
Number of Host Attendees:	<input type="text"/>	Number of Client Attendees:	<input type="text"/>
Business Purpose of Meeting:	<input type="text"/>		

Expense Breakdown		
Description (e.g., Lunch, Dinner, Refreshments)	Receipt Attached? (Yes / No)	Amount (Currency)
<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"/>
Total Claim Amount:		<input type="text"/>

Authorization & Signatures (For Office Use Only)			
Claimant Signature:	<input type="text"/>	Date:	<input type="text" value="DD/MM/YYYY"/>
Manager Approver Name:	<input type="text"/>	Manager Signature:	<input type="text"/>
Finance Approver Name:	<input type="text"/>	Finance Signature:	<input type="text"/>