

Expense Receipt - Client Meeting Reimbursement

Employee Information

Name: _____

Department: _____

Date of Meeting: _____

Client Name/Company: _____

Meeting Location: _____

Expense Details

Date	Category	Description	Amount	Receipt Attached
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
Total			_____	

Notes/Comments

Employee Signature

Date: _____

Manager Approval

Date: _____