Client Meeting Trip Expense Reimbursement

| Employee Name | | | |
|---------------------|--------------|-------------|--------|
| | | | |
| Department | | | |
| | | | |
| Date of Trip | | | |
| | | | |
| Client Name | | | |
| Purpose of Meeting | | | |
| r dipose of Meeting | | | |
| | | | |
| Expense Details | | | |
| Date | Expense Type | Description | Amount |
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| Total Amount | | | |
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| Additional Remarks | | | |