

# Client Entertainment Food Reimbursement Form

Date of Entertainment

Employee Name

Department

Client Name(s)

Purpose of Entertainment  
Expense Details

Date	Description	Amount	Attendees
<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 Amount

Additional Notes

Employee Signature

Manager Approval

Date Submitted