**Business Expense Report Form**

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| Name: |  | Department: |  |
| Employee ID: |  | Manager: |  |

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| **MEALS** | | |
| **PURPOSE OF EXPENSE** |  | |
| **BUSINESS MEAL POLICIES** |  | |
| **DATE** | **DESCRIPTION** | **AMOUNT** |
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| **ITEMIZED EXPENSES** | | |
| **DATE** | **DESCRIPTION** | **AMOUNT** |
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**\* REMEMBER TO ATTACH RECEIPTS \***

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| --- | --- | --- | --- |
| Requester Name: |  | Authorizer Name: |  |
| Requester Signature: |  | Authorizer Signature: |  |
| Date: |  | Date: |  |