Name: _____

Address: _____

_____

CLAIM FOR TAXABLE MEAL EXPENSES

NOTE: To comply with IRS regulations, any employee requesting reimbursement for meals when overnight lodging is **NOT** required, **MUST** use this claim form. The reimbursement is taxable income, subject to all withholdings.

DATE	BUSINESS RELATED PURPOSE	BREAKFAST	LUNCH	DINNER	TOTAL

TOTAL Taxable Meal Expense this pay period: $0.00

ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS FORM.

This claim will be processed with payroll. Please submit with payroll claims. Alll applicable taxes will be withheld.

_____

Claimant's Signature