



Name: _____

MEAL ENTERTAINMENT

Amount packaged: \$ _____

T
his benefit is paid on a **Reimbursement Basis**

- I have attached copies of tax invoices dated not earlier than twelve months prior to the start date of this package **or**;
- I will submit copies of tax invoices with a *Reimbursement Claim Form*.

Employee's Signature _____

Date ____/____/____