

EVENT & AMUSEMENT EXPENSE CLAIM FORM

Recreation, Client Entertainment, and Team Event Reimbursement

EMPLOYEE NAME

CLAIM DATE

DEPARTMENT/COST CENTER

EMPLOYEE ID

EVENT/PROJECT NAME

MANAGER NAME

DATE	DESCRIPTION & PURPOSE	ATTENDEES (NAMES & ORGS)	VENUE & LOCATION	AMOUNT
TOTAL CLAIM AMOUNT				

COMPLIANCE & POLICY GUIDELINES

1. Itemized original receipts or tax invoices must be attached to this claim.
2. For business amusement or client entertainment, list all attendees, their company name, and job title.
3. Expenses must comply with the corporate policy regarding limits on entertainment and recreation activities.

CLAIMANT SIGNATURE & DATE

AUTHORIZED APPROVER SIGNATURE & DATE