

MARKETING & PUBLIC RELATIONS CATERING REIMBURSEMENT FORM

Expense Template

CLAIMANT INFORMATION

Employee Name

Employee ID

Department / Team

Email Address

EVENT & CAMPAIGN DETAILS

Event Name / Campaign Title

Date of Event

Cost Center / GL Code

Campaign / Project Code

Number of Attendees

Business Purpose (PR/Marketing Objective, Target Audience, and Outcomes)

CATERING EXPENSE BREAKDOWN

Date	Vendor / Caterer	Description of Items (Food, Beverage, Service, etc.)	Amount	Receipt Attached
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Total Reimbursement Amount:				

I confirm that all itemized receipts are attached and original invoices are archived as per company policy.

AUTHORIZATION & APPROVALS

Claimant Signature

Date

Department Head / Manager Signature

Date

Marketing/PR Director Signature

Date

Finance / Accounts Payable Approval

Date