

NETWORKING & GALA DINNER EXPENSE REPORT

Employee Name _____

Report Date _____

Department _____

Manager / Approver _____

Event / Gala Name _____

Event Date(s) _____

Purpose of Event _____

Cost Center / Project _____

DATE	EXPENSE CATEGORY	DESCRIPTION / BUSINESS PURPOSE (ATTENDEES)	PAYMENT METHOD	RECEIPT (Y/N)	AMOUNT
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal _____

Other / Surcharge _____

Total Reimbursement Claimed

EMPLOYEE SIGNATURE & DATE

AUTHORIZED APPROVER SIGNATURE & DATE