CLIENT ENTERTAINMENT SPORTS TICKET EXPENSE FORM

Please complete all sections for reimbursement and compliance approval.

HOST / EMPLOYEE INFORMATION

EMPLOYEE NAME _____

DEPARTMENT / COST CENTER _____

EMAIL ADDRESS _____

SUBMISSION DATE _____

EVENT INFORMATION

SPORTING EVENT / GAME NAME _____

LEAGUE / SPORT _____

VENUE NAME / LOCATION _____

DATE OF EVENT _____

CLIENT & GUEST DETAILS

Guest Name	Company Name	Relationship

EXPENSE & TICKET DETAILS

SECTION _____

ROW _____

SEAT NUMBER(S) _____

Expense Category	Amount
Sporting Tickets Cost (Face Value)	
Service / Processing Fees	
Food & Beverage / Catering	
Parking / Transportation	
Other Associated Expenses	
TOTAL EXPENSE	

BUSINESS JUSTIFICATION & OBJECTIVES

Employee Signature

Date: _____

Manager Approval Signature

Date: _____