CONCERT & THEATER TICKET EXPENSE RECONCILIATION

EMPLOYEE NAME:
DEPARTMENT:
RECONCILIATION DATE:
REPORT PERIOD:

TOTAL TICKETS PURCHASED

TOTAL AMOUNT CLAIMED

PRE-APPROVED BUDGET LIMIT

EVENT DATE	EVENT / SHOW NAME	VENDOR / PLATFORM	QTY	UNIT PRICE	TOTAL COST	BUSINESS PURPOSE / CLIENT	GL CODE	RECEIPT
		Total:						

Employee Signature

Date:

Authorized Approver Signature

Date: