

# BUSINESS NETWORKING & GALA DINNER EXPENSE CLAIM

Claim Form for Professional Events, Dinners, and Business Networking

## CLAIMANT & DEPARTMENT INFORMATION

CLAIMANT FULL NAME

EMPLOYEE ID / REF NO.

DEPARTMENT / BUSINESS UNIT

SUBMISSION DATE

## EVENT & PURPOSE DETAILS

EVENT NAME / GALA DINNER TITLE

EVENT DATE

VENUE / LOCATION

BUSINESS PURPOSE & NETWORKING OBJECTIVES MET

## ITEMIZED EXPENSE BREAK DOWN

DATE	EXPENSE DESCRIPTION (TICKET, DINING, TRANSPORT, ETC.)	VENDOR / ESTABLISHMENT	RECEIPT NO.	AMOUNT
TOTAL AMOUNT CLAIMED:				

CLAIMANT SIGNATURE

DATE: \_\_\_\_\_

**AUTHORIZED APPROVER SIGNATURE**

DATE: \_\_\_\_\_