

CLIENT HOSPITALITY & EVENT EXPENSE LOG

Document No: _____

Date: _____

EVENT NAME / TITLE _____

BUSINESS PURPOSE / CLIENT RELATIONSHIP GOAL _____

EVENT DATE _____

LOCATION / VENUE _____

HOST / ORGANIZER NAME _____

KEY CLIENTS / ATTENDEES PRESENT (NAMES & COMPANIES) _____

INTERNAL ATTENDEES / STAFF _____

DATE	EXPENSE CATEGORY	DESCRIPTION / ITEM DETAILS	VENDOR / SUPPLIER	RECEIPT ATTACHED	AMOUNT (\$)
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Subtotal:

Taxes/Fees:

Total Event Cost:

Approved Budget:

Variance:

SUBMITTED BY (SIGNATURE)

Name: Date:

APPROVED BY (SIGNATURE)

Name: Date: