ATHLETIC EVENT TICKET EXPENSE REPORT

Sporting Event Expenditures & Client Entertainment Record

EMPLOYEE & DEPARTMENT INFORMATION

EMPLOYEE NAME _____

EMPLOYEE ID _____

DEPARTMENT _____

SUBMISSION DATE _____

EVENT & PURPOSE DETAILS

EVENT NAME / MATCHUP _____

SPORT / LEAGUE _____

EVENT DATE _____

VENUE / STADIUM _____

CITY, STATE _____

BUSINESS PURPOSE & ATTENDEE LIST (CLIENTS / STAFF) _____

EXPENSE BREAKDOWN

DESCRIPTION / ITEM	QTY	UNIT PRICE	TOTAL
Event Tickets (Section: , Row: , Seats:)			
Ticket Service Fees / Delivery Charges			
Parking Pass / Transportation			
Client Hospitality (Food, Beverages, Concessions)			
Other:			
		Subtotal:	
		Tax:	
		Total Expense Amount:	

_____

EMPLOYEE SIGNATURE

DATE _____

AUTHORIZED APPROVER SIGNATURE

DATE _____