SPORTING EVENT TICKET RECEIPT

Expense Reimbursement Template

Employee Name: _____ **Receipt No:** _____

Department: _____ **Date:** _____

Client/Project: _____ **Manager:** _____

EVENT INFORMATION

Event Name: _____

Sport/League: _____ **Event Date:** _____

Venue Name: _____ **Event Time:** _____

Section: _____ **Row / Seat:** _____

COST & PAYMENT BREAKDOWN

Description	Amount
Ticket Base Price	
Service Fees / Taxes	
Delivery / Facility Fees	
Other (Specify:)	
Total Expense Amount:	

Payment Method: **Transaction Ref / ID:** _____

Business Purpose: _____

_____ _____

Employee Signature Approver Signature

Date: _____ Date: _____