

CLIENT ENTERTAINMENT & GALA EXPENSE REIMBURSEMENT

Expense Claim Form

EMPLOYEE & EVENT INFORMATION

Employee Name:

Department / Group:

Email Address:

Date of Submission:

Event / Gala Name:

Business Purpose:

ATTENDEE DETAILS (CLIENTS & HOSTS)

Name	Organization / Title	Relationship to Company

EXPENSE BREAKDOWN

Date	Description (Ticket, Meal, Transport, etc.)	Vendor / Venue	Attendees Covered	Amount	Receipt?

Subtotal:

Tips / Gratuity:

Total Reimbursement:

AUTHORIZATION & APPROVALS

CLAIMANT SIGNATURE

Date: _____

MANAGER APPROVAL

Date: _____

FINANCE AUTHORIZATION

Date: _____