

# ENTERTAINMENT TICKET REIMBURSEMENT CLAIM FORM

Concert & Theater Expense Template

---

<b>Employee Name:</b>	_____	<b>Department:</b>	_____
<b>Employee ID:</b>	_____	<b>Submission Date:</b>	_____
<b>Email Address:</b>	_____	<b>Manager Name:</b>	_____

DATE OF EVENT	EVENT TYPE (CONCERT / THEATER)	EVENT / ARTIST NAME	VENUE / LOCATION	TICKET PRICE	BOOKING FEES

<b>Subtotal</b>	
<b>Tax / VAT</b>	
<b>Total Claim Amount</b>	

---

Employee Signature / Date

---

Authorized Approver Signature / Date