

# Art Exhibition Opening Expense Claim Form

Claimant Name

Department / Organization

Email

Phone

## Event Details

Exhibition Title

Date of Event

Venue

## Expense Details

Date	Description	Category	Amount	Receipt?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount

Additional Notes