## Sales Team Client Entertainment Reimbursement Form

| Employee I          | Name                  |        |                   |  |  |  |  |  |
|---------------------|-----------------------|--------|-------------------|--|--|--|--|--|
|                     |                       |        |                   |  |  |  |  |  |
| Date of Ent         | ertainment            |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
| Departmen           | t                     |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
| Manager             |                       |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
| Client Name/Company |                       |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
| Purpose of          | Entertainment         |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
| List of Atter       | ndees (Name & Company | /)     |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
| Date                | Description           | Amount | Receipt Attached  |  |  |  |  |  |
|                     | 2000                  | 7      | 1000.pt/ aaa0.10a |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
| Total Amount        |                       |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
| Employee S          | Signature             |        |                   |  |  |  |  |  |
| . ,                 |                       |        |                   |  |  |  |  |  |
| Managar A           | nnraval               |        |                   |  |  |  |  |  |
| Manager A           | рргочаг               |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |
| Date                |                       |        |                   |  |  |  |  |  |
|                     |                       |        |                   |  |  |  |  |  |