

MARKETING EXPENSES FORM

MARKETING DEPARTMENT

VENUE	COLLATERALS	НС	DNORARIUM	SUPPLIES							
FOOD & BEVERAGES	PROMOTIONAL MATERIALS	CC	DNVENTION FEE	OTHERS							
EMPLOYEE NAME				ACTIVITY							
DEPARTMENT				EVENT DAT	E						
ACCOUNT NAME				NO PER PA	х			COST	Γ PER PAX		
DESCRIPTION					C	ΣΤΥ	UNIT		UNIT COST		TOTAL AMOUNT
									GRAND TO	ΓΛΙ	
PAYMENT DETAILS REMARKS									CICAIVE TO		
ACCOUNT NAME:											
ACCOUNT NUMBER: TOTAL AMOUNT:											
MODE OF PAYMENT:	CASH GCASH ONLINE BA	NKING									
PREPARED BY	ENDORSED BY						APPROVED BY				
			LOUIE ALBERT								
Employee's Signature (Signature over Printed Name)		Marketing Director			PRESIDENT / VICE-PRESIDENT / COO						
		DATE SIGNED:				D	DATE SIGNED:				
BMI-FORM-MKTG-001											