

☐ VENUE ☐ COLLATERALS ☐ HONORARIUM ☐ SUPPLIES
☐ FOOD & BEVERAGES ☐ PROMOTIONAL MATERIALS ☐ CONVENTION FEE ☐ OTHERS _____

EMPLOYEE NAME		ACTIVITY			
DEPARTMENT		EVENT DATE			
ACCOUNT NAME		NO PER PAX		COST PER PAX	
DESCRIPTION		QTY	UNIT	UNIT COST	TOTAL AMOUNT
GRAND TOTAL					
PAYMENT DETAILS		REMARKS			
ACCOUNT NAME: _____ ACCOUNT NUMBER: _____ TOTAL AMOUNT: _____ MODE OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> GCASH <input type="checkbox"/> ONLINE BANKING					
PREPARED BY		ENDORSED BY		APPROVED BY	
Employee's Signature (Signature over Printed Name)		LOUIE ALBERT Marketing Director DATE SIGNED:		PRESIDENT / VICE-PRESIDENT / COO DATE SIGNED:	

BMI-FORM-MKTG-001

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