

MARKETING EXPENSES FORM

MARKETING DEPARTMENT

							WARREIN		LIARTIMETT
VENUE	COLLATERALS	НС	DNORARIUM	SUPPLIES					
FOOD & BEVERAGES	PROMOTIONAL MATERIALS	CC	NVENTION FEE	OTHERS		_			
EMPLOYEE NAME				ACTIVITY					
DEPARTMENT				EVENT DATE					
ACCOUNT NAME				NO PER PAX	(COST PER PAX		
DESCRIPTION					QTY	UNI	UNIT CO	ST	TOTAL AMOUNT
GRAND TOTAL									
PAYMENT DETAILS REMARKS							GIAND 10		
BANK NAME:									
ACCOUNT NAME: ACCOUNT NUMBER:									
TOTAL AMOUNT:									
MODE OF PAYMENT:	CASH GCASH ONLINE BA								
PREPARED BY		ENDOR	SED BY			APPROVED BY			
Employee's Signature (Signature over Printed Name)		LOUIE ALBERT Marketing Manager				PRESIDENT / V	/P / (ЗМ	
		DATE SIGNED:			DATE SIGNED:				