Biosite
MEDICAL INSTRUMENTS

MARKETING EXPENSES FORM

MARKETING DEPARTMENT

☐ 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: ☐ CASH ☐ GCASH ☐ ONLINE BANKING	

PREPARED BY	ENDORSED BY	APPROVED BY
Employee's Signature *(Signature over Printed Name)*	LOUIE ALBERT Marketing Director DATE SIGNED:	PRESIDENT / VICE-PRESIDENT DATE SIGNED:

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