

☐ 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	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 <i>(Signature over Printed Name)</i>		LOUIE ALBERT Marketing Director DATE SIGNED:		PRESIDENT / VICE-PRESIDENT / COO DATE SIGNED:	

BMI-FORM-MKTG-001

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