

MARKETING EXPENSES

MARKETING DEPARTMENT VENUE COLLATERALS HONORARIUM **SUPPLIES** FOOD & BEVERAGES PROMOTIONAL MATERIALS CONVENTION FEE OTHERS **ACTIVITY EMPLOYEE NAME DEPARTMENT EVENT DATE NO PER PAX COST PER PAX ACCOUNT NAME** DESCRIPTION **UNIT COST** TOTAL AMOUNT QTY UNIT **GRAND TOTAL** PAYMENT DETAILS **REMARKS** ACCOUNT NAME: ACCOUNT NUMBER: TOTAL AMOUNT: MODE OF PAYMENT: CASH GCASH ONLINE BANKING PREPARED BY ENDORSED BY APPROVED BY LOUIE ALBERT **Employee's Signature** President/VP/GM Marketing Manager DATE SIGNED: DATE SIGNED: BMI-FORM-MKTG-001 **MARKETING EXPENSES** Biosite MEDICAL INSTRUMENTS MARKETING DEPARTMENT COLLATERALS SUPPLIES HONORARIUM FOOD & BEVERAGES PROMOTIONAL MATERIALS **CONVENTION FEE** OTHERS **ACTIVITY EMPLOYEE NAME EVENT DATE DEPARTMENT** ACCOUNT NAME **NO PER PAX COST PER PAX** DESCRIPTION **UNIT COST** QTY UNIT **TOTAL AMOUNT GRAND TOTAL** REMARKS **PAYMENT DETAILS ACCOUNT NAME:** ACCOUNT NUMBER: TOTAL AMOUNT: MODE OF PAYMENT: CASH GCASH ONLINE BANKING

ENDORSED BY

DATE SIGNED:

LOUIE ALBERT

Marketing Manager

APPROVED BY

DATE SIGNED:

President/VP/GM

BMI-FORM-MKTG-001

Employee's Signature

PREPARED BY