

## 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 PRESIDENT / VICE-PRESIDENT / COO Employee's Signature (Signature over Printed Name) Marketing Director DATE SIGNED: BMI-FORM-MKTG-001 **MARKETING EXPENSES** Biosite **FORM** 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 Director

APPROVED BY

DATE SIGNED:

PRESIDENT / VICE-PRESIDENT / COO

BMI-FORM-MKTG-001

**Employee's Signature** 

PREPARED BY