

ENTERTAINMENT



BUSINESS NAME

DATE	DESCRIPTION OF FUNCTION i.e. Business Lunch held off premises	NO. EMPLOYEES ATTENDED	NAME OF EMPLOYEES & ASSOCIATES	NO. CLIENTS ATTENDED	COST OF FUNCTION	COST FOR EMPLOYEES	COST FOR NON- EMPLOYEES	INCURRED DURING EMPLOYEE TRAVEL	WERE COSTS PROVIDED UNDER SALARY SACRIFICE?
								YES / NO	YES / NO