ENTERTAINMENT **SCHEDULE**

BUSINESS NAME:

DATE	DESCRIPTION OF FUNCTION Eg. Business Lunch held off premises	**NATURE/TPYE Eg., Meal, EFLE, Entertainment**	NO. EMPLOYEES ATTENDED	NAME OF EMPLOYEES & ASSOCIATES	NO. CLIENTS ATTENDED	COST OF FUNCTION	COST FOR EMPLOYEES AND ASSOCIATES	COST FOR NON-EMPLOYEES	INCURRED DURING EMPLOYEE TRAVEL YES/NO	WERE COSTS PROVIDED UNDER SALARY SACRIFICE? YES/NO