**ENTERTAINMENT**

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| BUSINESS NAME |  |

| DATE | DESCRIPTIONOF FUNCTIONi.e. Business Lunchheld 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 |
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