ENTERTAINMENT **SCHEDULE**

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| BUSINESS NAME: |  |

| DATE | DESCRIPTIONOF FUNCTIONEg. Business Lunchheld 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 TRAVELYES/NO | WERE COSTS PROVIDED UNDER SALARY SACRIFICE?YES/NO |
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