Entertainment **SCHEDULE**

| BUSINESS NAME: |  |
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| DATE | DESCRIPTION  OF FUNCTION  Eg. Business Lunch  held off premises | NATURE/TYPE  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 |
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