



Entertainment Authorization Form

Date of the ENT _____ Time Arrival: _____

Name of the outlet _____ Time departure: _____

Specific requirements _____

Number of Guests: _____ Bfast Lunch Dinner

Name of the company: _____

Name of the client(s) _____

Position: _____

Reason for ENT: _____

Requested By: _____

Department: _____

Date of the request _____

Signature _____

Charge to: _____

Date :

Date:

Signature: _____

Signature: _____

Department Head

Approved by DOSM