

**ENTERTAINMENT / STAFF AMENITIES
AUTHORIZATION FORM**

Name : _____ Designation : _____

Branch/Office : _____ Division/Dept.: _____

Application for: : ☐ Entertainment ☐ Staff Amenities

Entertainment	
Entertainment Date	
Company Name of Business Associates	
Name of Person(s) to be entertained	
Purpose for Entertainment	
Budget (RM)	
Remark	

Staff Amenities	
Entertainment Date	
Branch/Division/Dept	
Name of Staff(s) to be entertained	
Purpose for Staff Amenities	
Budget (RM)	
Remark	

Applied by		Approved by	
Name of Applicant :		Name of Approver:	
Designation :		Designation :	
Sign and Chop:		Sign and Chop:	
Date :		Date :	

Important Note:- Please attach the Approved Form with your monthly claim; otherwise the claim would not be processed.