



## Brand Promotional Expenses

Name: \_\_\_\_\_

Head Quarter: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Designation: \_\_\_\_\_

Type of Expenses					
CME	<input type="checkbox"/>	CLP	<input type="checkbox"/>	Any other	<input type="checkbox"/>
BRAND NAME: _____					
DATE	DESCRIPTION	AMOUNT			
DOCTOR DETAILS					
SR NO.	NAME	STATION	AMOUNT		

Requester  
Name: \_\_\_\_\_  
Requester  
Signature: \_\_\_\_\_

Authorizer  
Name: \_\_\_\_\_  
Authorizer  
Signature: \_\_\_\_\_

Note: Kindly attach this format for single brand at a time.