

APPROVAL FOR HOSPITALITY/ENTERTAINMENT

This form must accompany the appropriate receipt/invoice for claim purposes.

Please indicate the type of event requiring approval by ticking the appropriate box.

1. Refreshments at business meeting

2. Working Lunch/Dinner

3. Training Course, Seminar, Conference or Residential

Details of the Event

Date of Event _____

Estimated cost (including VAT) _____

Justification for the Hospitality

Pre Approval *:

_____ Signature

_____ Print Name

_____ Date

***Director/Chief Executive/Chairman/Programme Manager**

Post Event Approval

Number of attendees: _____

Details of all attendees must be attached (see attached proforma).

Actual cost (including VAT) _____

Where the actual cost is 5% higher (or more) than the estimated cost please provide a justification for the variation.

Post Event Approval *:

_____ Signature

_____ Print Name

_____ Date

***Director/Chief Executive/Chairman/Programme Manager**

