



## EVENT HOSTING FACILITY CLAIM

Member's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Venue: \_\_\_\_\_

Ticket Price: \_\_\_\_\_

Number of Tickets: \_\_\_\_\_

Booking fee (if applicable): \_\_\_\_\_

Total (Ticket Price+Number of Tickets+booking Fee)

**Total** £

**Member's Signature:** \_\_\_\_\_ **Receipt(s) Attached: YES/NO**

### APPROVED

Treasurer: \_\_\_\_\_ Chair: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Cheque No: \_\_\_\_\_

### ANALYSIS

Advertising	<input type="checkbox"/>	Programme	<input type="checkbox"/>	Committee	<input type="checkbox"/>
Website	<input type="checkbox"/>	AGM	<input type="checkbox"/>	PO Box	<input type="checkbox"/>
Major/St. Pats	<input type="checkbox"/>	Major/Summer	<input type="checkbox"/>	Major/Xmas	<input type="checkbox"/>
Membership	<input type="checkbox"/>	Events	<input type="checkbox"/>		
Other	_____				

Return this form signed and with receipts attached to the Treasurer at:

London Irish Network  
77 Beak Street  
Box 103  
London W1F 9DP