



EVENT REFUND FACILITY CLAIM

Member's Name: _____

Contact Number: _____

Address: _____

Event Date: _____

Event Title: _____

Event Venue: _____

Ticket Price: _____

Number of Tickets Purchased _____

Booking fee (if applicable) _____

Number of Tickets Unsold _____

Refund Claimed _____

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

Total £

Member's Signature: _____ **Unsold(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