

PROVISION OF HOSPITALITY, GIFTS OR OTHER BENEFITS TO EXTERNAL ORGANISATIONS, BUSINESSES OR INDIVIDUALS

Name: Job Title:	Service Area:	
Name and Address of Organisation, Business or Individual For Whom Hospitality, Gift or Other Benefit is to be Provided:		
<p align="center">Nature of Hospitality, Gift or Other Benefit (please provide all relevant details, including date, venue etc as applicable)</p>		
<p align="center">Link/ Benefit to the Council</p>		
Estimated Cost:	Financial Code to be charged:	Method of Payment:
Number of guests / persons (who are to receive the hospitality, gift or other benefit)		
<p>I confirm that the provision of this hospitality, gift or other benefit complies with the Officers' Guidance on Hospitality, Gifts and Other Benefits (CIS Ref. 1.CM.070) and represents value for money and a proper and lawful use of public funds.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>..... (Signature of Applicant)</p> </div> <div style="width: 35%;"> <p>Date:</p> </div> </div>		
<p>AUTHORISED BY: (Assistant Director or above, in line with Guidance CIS Ref. 1.CM.070)</p> <p>.....</p> <p>..... (Name and Post Title of Authorising Officer)</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>..... (Signature of Authorising Officer)</p> </div> <div style="width: 35%;"> <p>Date:.....</p> </div> </div>		
<p>OR Under Director's General Authorisation: <input type="checkbox"/> <i>(Please tick if applicable)</i></p> <p>Date of General Authorisation: <u>Copy to be attached</u></p>		

PLEASE FILL OUT ALL SECTIONS OF THIS FORM.

THE AUTHORISED FORM MUST BE SUBMITTED TO DEMOCRATIC SERVICES (democraticservices@cardiff.gov.uk) **WITHIN 28 DAYS** FROM APPROVAL, FOR INCLUSION IN THE REGISTER OF HOSPITALITY, GIFTS AND OTHER BENEFITS.

ALL OTHER RECORDS (RECEIPTS ETC) SHOULD BE RETAINED IN ACCORDANCE WITH YOUR SERVICE AREA'S ARRANGEMENTS.

DRAFT