PROVISION OF HOSPITALITY, GIFTS OR OTHER BENEFITS TO EXTERNAL ORGANISATIONS, BUSINESSES OR INDIVIDUALS			
Name:		Service Area:	
Job Title:			
Name and Address of Organisation, Business or Individual For Whom Hospitality, Gift or Other Benefit is to be Provided:			
Nature of Hospitality, Gift or Other Benefit (please provide all relevant details, including date, venue etc as applicable)			
Link/ Benefit to the Council			
Estimated Cost:	Financial Code to charged:	o be	Method of Payment:
Number of guests / persons (who are to receive the hospitality, gift or other benefit)			
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.			
(Signature of Applicant)		. [Date:
AUTHORISED BY: (Assistant Director or above, in line with Guidance CIS Ref. 1.CM.070)			
(Name and Post Title of Authorising Officer)			
(Signature of Authorising Officer)			
OR Under Director's General A	Authorisation:	(Please tick	(if applicable)
Date of General Authorisation: Copy to be attached			

THE AUTHORISED FORM MUST BE SUBMITTED TO DEMOCRATIC SERVICES (democraticservices@cardiff.gov.uk) <u>WITHIN 28 DAYS</u> 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.

