

Garforth, Kippax & District u3a
Learn Laugh Live

RECEIPT FOR PAYMENTS TO SPEAKERS

DATE OF EVENT: _____

SPEAKER NAME: _____

TITLE OF TALK: _____

EXPENSES £ _____

FEE £ _____

TOTAL £ _____

DONATION ONLY:
(Please tick if applicable)

PRE-PAYMENT REQUESTED
(Please tick if applicable)

ON THE DAY PAYMENT

I acknowledge receipt of the above

SIGNATURE: _____ DATE: _____

FOR BANK TRANSFER:

ACCOUNT NAME (print) _____

ACCOUNT NO: _____

SORT CODE: _____

BUSINESS ACCOUNT: Yes / No

FINANCIAL TEAM:

Received:

Passed for authorisation:

Authorised and paid: