

HASSRA WALES REFUND SCHEME

Member's Name		
Membership Number		
Staff Number		
Office Location/Name		
Bank Sort Code		
Bank Account Number		
Address (if no account)		
Date of Concert/Visit		
Venue		
Number of people	Name	Relationship
Total Cost (please provide tickets)		
Amount to be Claim <small>(25% or £25 whichever is lesser)</small>		
OFFICIAL USE ONLY		
AUTHORISE FOR PAYMENT I declare that I have checked the details on this form and can confirm the claim is accurate and appropriate		PAYMENT MADE BY TREASURER
		Amount
Tickets seen or sent		Payment Number
Names of Officer		
Position		Signature
Amount		Date
Signature		
Date		