## ARTS GUILD OF STEVENAGE

## **CLAIM FORM**

Final Statement of Profit and Loss on events covered by Grants or Guarantees against Loss.

To be submitted to:

Stevenage Arts Guild, Mrs M Neville, 51 York Road, Stevenage, Hertfordshire, SG1 4ET

Telephone: 01438 221639 or e-mail: chair@stevenageartsguild.org.uk

**NOT LATER THAN 90 DAYS** after the conclusion of the grant aided function.

| Organisation/Individual  |           |          |            |               |              |            |        |  |
|--|-----------|----------|------------|---------------|--------------|------------|--------|--|
| Event  |           |          |            |               |              |            |        |  |
| Held on  | Date      |          |            |               |              | Time       |        |  |
|  | Venue     |          |            |               |              |            |        |  |
| Income; price of admission, concessions, estimate of seats to be sold, other income e.g. refreshments, programme, programme adverts.     |           |          |            |               |              |            |        |  |
|  |           |          |            |               |              |            |        |  |
|  |           |          |            |               |              |            |        |  |
|  |           |          |            |               |              |            |        |  |
|  |           |          |            |               |              |            |        |  |
| Expenditure; it  | emised to | show ven | ue cost, p | oublicity cos | sts, profess | ional fees | s etc. |  |
|  |           |          | ,,         |               | , ,          |            |        |  |
|  |           |          |            |               |              |            |        |  |
|  |           |          |            |               |              |            |        |  |
|  |           |          |            |               |              |            |        |  |
|  |           |          |            |               |              |            |        |  |
|  |           |          |            |               |              |            |        |  |
| Amount of Guarantee claimed  |           |          |            |               |              |            |        |  |
| Comments (please include reasons for significant discrepancy between amount requested and amount claimed. Use extra paper if necessary). |           |          |            |               |              |            |        |  |
| Signed   |           |          |            | Date          | _            |            |        |  |
| Position   |           |          |            |               |              |            |        |  |

SAG/CLAIM FORM