



**Guarantee Against Loss
Payment Request and Accountability Report**

1. I wish to request payment of the guarantee against loss, as detailed on this report, to be deposited to my organisation’s bank account, as per the attached deposit slip.

YES/NO (Circle One)

2. Contact Details:

Name of Person/Organisation: _____

Contact Person: _____

Address: _____ Email: _____

Phone: _____ Mobile: _____

3. Guarantee Against Loss Information:

What event was the GAL for? _____

What was the GAL based on: Income from ticket sales reaching \$ _____

Based on _____ tickets @ _____

4. Actual results:

Actual income from ticket sales \$ _____

Based on _____ tickets @ _____

Please provide proof of income, e.g. bank deposit receipt or official box office record (ICC booking office receipt), plus copy of estimated and actual financial budget.

I declare that to the best of my knowledge all information provided in this Accountability Report and attachments is true and correct.

Signature: _____

Date: _____