

Devon County Council - Record of Hospitality/Gift Authorisation

Name of Member of staff

Job Title / Section

Directorate

Line Manager

Organisation offering hospitality/gift

Date hospitality/gift to be offered/provided

Who from the host organisation made offer

Description of event if hospitality

Have any gifts been provided offered

(If yes identify gift & estimated cost)

.....y / n

Do we have a potential conflict of interest accepting hospitality from this company offering hospitality

(delete/insert statements opposite as appropriate)

Current/prospective supplier of goods or services to DCC.....y / n
Current/prospective purchaser of goods, services or assets from DCC.....y / n
Current/prospective receiver of service/planning consent/licence.....y / n
Other.....y / n.....describe.....

Will the hospitality / gift be accepted

.....y / n.....(if yes complete the remainder of the form, if no then no further info required)

The following sections need only be completed if the hospitality or gift is to be accepted !

Who from the host organisation will be present

Will other DCC staff be attending

Will other organisations be attending

Will the host pay for any form of travel

(If yes identify estimated cost)

Road.....y / n.....Rail.....y / n.....Sea.....y / n.....Air.....y / n

Will any overnight accommodation be received

(If yes identify estimated cost)

.....y / n

Will any meals/drinks/alcoholic be provided

(If yes identify estimated cost)

.....y / n

Will any form of entertainment be provided

(If yes identify estimated cost)

.....y / n

Will any sporting events be included

(If yes identify estimated cost)

.....y / n

Will any incidental expenses be paid for by host

(If yes identify estimated cost)

.....y / n

Receipt of Hospitality/Gifts should be authorised by a line manager in advance wherever possible, by certifying this form prior to the event

Line Manager's Authorisation

Name.....
Signature.....Date.....
Hospitality/Gifts to be Accepted / Declined (delete as appropriate)
Please confirm if this record was authorised in advance of hospitality being received.....y / n

A Copy of this form MUST be submitted to the Service Director within a week of completion