ICAC Form 569

RT I	To be completed by	Subject Officer and submit	ted through Recommending Officer)				
: _	C* / H/OPS* / DCR* via			File Ref:	File Ref:		
	Approving Office	er Recon	nmending Officer (Name and Post)				
	The following	entertainment functio	n is submitted for your prior appr	oval -			
<u>Date</u>	Nature (e.g. lunch <u>/dinner)</u>	ICAC Officer(s) who will attend (name & post)	Guest(s) (name, post & organisation)	Entertainment Venue	Estimated expenditure including beverages & tips (\$)	Justifications for the Entertainment	
	_	-	exceed the ceiling as stipulated in CS as stipulated in CSO Pt. I Chapter 2	E		e	
			•				
			Da	te:			
		d Post):					

PART II	
To:	via EO/F (for noting funding commitment after approval)
Subject Officer (Name and Post)	
The above entertainment	approved* / not approved*.
Signature:	Date:
Approving Officer (Name and Post):	
Su	File Ref: vising Officer (Name and Post)
	in Part II and the attached duly certified invoice* / receipt* and arrange payment* / reimbursement* as follows:
Amount in figures:	
Amount in words:	
Full name of payee:	(HKID No.)
Signature:	Date:
Subject Officer (Name and Post):	
* Delete as appropriate.	ICAC 569 (6/2008)