TO BE FILLED IN BY UNIVERSITY DEPARTMENT HOLDING EVENT
DEPARTMENT OFSchool of Computer Science
CONTACT NAME AND TEL NOLisa Ogden +44 161 275 6269 Fax +44 161 275 6204
DESCRIPTION OF CONFERENCEAISTATS 2010
FINANCE CODE TO BE CREDITED I & E NO SOURCE OF FUNDS
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
REASON RETURNED FOR INCOME OFFICE USE ONLY
☐ The card has been declined ☐ The card has expired ☐ The card number is invalid
☐ Valid from/Expiry date missing ☐ No Issue Number ☐ No Finance Code quoted/Finance Code invalid
American Express/Discover Card
Other reason
<u>CUSTOMER DETAILS</u>
NAME ON CARD
CARDHOLDERS ADDRESS
INC POSTCODE
CONTACT TELEPHONE
CONTACT E MAIL ADDRESS
AMOUNT £ CARDHOLDERS SIGNATURE:
CARD ISSUED BY (BANK OR EQUIVALENT)
CARD NUMBER (On the front of the card)
SECURITY NUMBER: (On the back of the card)
CARD TYPE: VISA
MAESTRO CARD ISSUE NUMBER
VISA/DELTA
SOLO
VALID FROM DATE EXPIRY DATE

CARD DETAILS TO BE DETACHED AND DESTROYED AFTER TRANSACTION COMPLETION