



TWIN TRAINING AND TRAVEL

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LONDON HOST FAMILY

STUDENT PAYMENT REQUEST FORM

FOR COMPLETION BY HOST FAMILY

Surname: _____ Name: _____

Address: _____

Post code: _____ Telephone: _____

Student's full name: _____

Please tick appropriate box

Accommodation type:

Please tick appropriate box B & B Half board Full board

Period claimed for: ____/____/____ to ____/____/____

Number of nights: _____ **Amount claimed** **£**

Signed: _____ Date: _____

Cheque payable to: _____ BACS payment: _____

FOR INTERNAL USE

Please tick box

Confirm host family authorisation

TCL SCHOOL

Confirm students details

TTI INTERNSHIP

Confirm period of residence

ACCOMM ONLY

Payment amount: **£**

Payment date: _____

Authorised by: _____ Agent: _____

THANK YOU VERY MUCH FOR COMPLETING THIS FORM. PLEASE RETURN IT TO ACCOMMODATION DEPT.

