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|  | District Council of Grant Community Funding and Support Scheme GRANT ACQUITTAL FORM | Document No.: | CD001 |
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| | | Document Ownership | CDO |

1. Applicant Details

Name of Organisation _____

Address for Correspondence _____

Contact Person _____

Contact Number _____

ABN _____

Claim Year _____

Please note that a claim cannot be made without a valid ABN

2. Claim Details (Please provide a summary of the project and amount being claimed)

(If your organisation is registered for GST a compliant tax invoice must accompany this acquittal form, claiming the grant value plus 10% GST)

SIGNED:

POSITION:

Date: ____/____/____

Please ensure copies of invoices and receipts are attached, demonstrating expenditure on the project or event.

Council would also appreciate a copy of your report and photographs of your completed project or event.