



ABN 50 138 958 249 PO Box 117, ESK QLD 4312

Community Assistance Grants Acquittal Form

Section One - Organis	ation Details					
Name of organisation						
Organisation ABN						
Contact person	Given name:	Surname:				
Postal address						
Contact number	Phone:	Mobile:				
Email address						
Section Two – Project	/ Event Details					
Name of project / event						
Date/s and location of project / event						
Outcome of project / event:						
Section Three – Certifications						
Acknowledgement of	Council support:					
How was the Somerset Regional Council's contribution acknowledged?						
domiowicagoa:						
Promotional Methods	Please include copies of any advertisements used to promote your event and copies of material where Council logo was used.					



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Section Four – Financial Details							
What is the total amount of this acquittal?							
Income state	ement						
			income, please show the apprown in-kind contribution, Volunt		ket values of such together with affles etc.		
Receipt date		Received from			Total		
					\$		
Expense Sta		ng band nurc	hasas atc				
E.g. Tradesperson, raffle prizes, cleaning, band, purc Date Business name		Goods / services prov	rided	Total			
Date	Dusiness name		Coods / Sci Vices prov	lucu	Total		
					\$		
Please attach	copies of invoices/ red	ceipts suppo	rting each expense item	shown abo	ove.		
Please forwa	ard this form and othe	er supportin	g documents to:				
		• •					
Chief Executi Somerset Re	ve Officer gional Council						
PO Box 117							
ESK QLD 4	4312						
For further int	formation please phone	e Somerset F	Regional Council on (07)	5424 4000)		
Thank you for completing this acquittal.							