

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

Somerset Excellence Bursary Acquittal Form

Applicant Details						
Date of application						
Name of competitor						
Full name of parent or guardian (if applicant is under 18)	Given name:	Surname:				
Residential address						
Postal address						
Contact number	Phone:	Mobile:				
Email address						
Project / Event Details – Provide a report on event attended or competed at/in (If you require more space, please attach a separate sheet to this page) Event name/title						
Date						
Venue						
Brief description of eve	ent (If you require more space, please attach a separa	ate sheet to this page)				
Outcome of participation at event						
How was the Somerset	Regional Council's contribution acknowl	edged?				
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Financial Det	ails – Parti	cipation leve	l awarded				
Regional		State		National		Hosted Internationally	
						,	
Expense Stat	ement (How	was the bursary	expended? E.	g. travel expenses, u	niforms)		
Date Business		ss name	Good	ds / services pro	Total		
						\$	
Please attach	copies of in	voices/ receip	ots supporting	g each expense i	tem show	n above.	
Please forwa	rd this forn	n and other s	upporting d	ocuments to:			
Chief Executive Somerset Reg PO Box 117 ESK QLD 4	gional Coun	cil					
For further info	ormation ple	ease phone So	omerset Reg	ional Council on	(07) 5424	4000	
		Thank	you for cor	mpleting this ac	quittal.		

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Fax: 07 5424 4099

Phone: 07 5424 4000