



Community Assistance Program

Acquittal Form

To be completed upon finalisation of your project.

Important information about your Quilpie Shire Council Community Assistance Program acquittal.

- Please ask Council for assistance if you are unsure about how to complete any part of this report.
- This is a legal document. It is your responsibility to ensure that all amounts and information recorded on this form and other related documents are accurate and can be justified.
- Any Quilpie Shire Council Community Assistance money not used for the project will need to be returned to the Council with this report if you have not already done so.
- All receipts / invoices relating to the Quilpie Shire Council Community Assistance Program money you have spent on your project must be attached to this acquittal form.
- Acquittal forms must be postmarked or hand delivered to the Quilpie Shire Council NO LATER than eight (8) weeks after the completion of your project.

1.1 Assistance Recipient Details

Organisation / Individual Name:	
Contact Person for Project:	
Postal Address:	
Email Address:	
Telephone No:	

Funding Year:	
Assistance Amount:	\$
Project Name:	

1.2 Project timeframe

Project Start Date	
Project End Date	

1.3 Project Summary

Please attach a brief summary to this report (no more than one page). The summary should include a brief description of the project, results achieved and any information that could be useful for other organisations undertaking similar projects. Support material such as photographs may also be included. Copies of receipts for goods purchased should be attached.

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Surplus Funds

Are there any surplus funds to be returned to Council	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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1.4 DECLARATION

- I certify that to the best of my knowledge, information and belief, the details provided in this report (and relevant attachments) are true and correct.
- I understand that I may need to provide the Quilpie Shire Council with additional information on the funded activity if required.

Name	Signature	Date
Committee Member / Authorised Persons:		
Name	Signature	Date