

Community Assistance Fund Acquittal

Applicants Information

Organisation Name: _____

Postal Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Contact Person: _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

General Project Information

Project Title: _____

Description: _____

Project Commencement Date: _____

Project Completion Date: _____

Total Project Cost: \$ _____

Funding from Shire of Murray: \$ _____

Project Background

Give a brief overview of the project: *(please attach any photos etc from the event)*

Funding Sources

Funding Source:	Contribution Provided:
<i>Shire of Murray Donation</i>	\$
Others (please specify)	
	\$
	\$
	\$
In Kind	

Project Expenditure - Shire of Murray Donation

Note: Please attach evidence (e.g. invoices, receipts etc)

Cost Item / Activity	\$
Total	\$

Declaration

I _____ of _____

hereby declare that the information provided in this report is a true and correct record of the acquittal of funds received Shire of Murray for the project described.

Signed: this..... Day of 2012.

(President or equivalent)

Please forward completed forms along with a copy of receipts and photos to:

**Shire of Murray, PO Box 21 PINJARRA WA 6208
Ph: 9531 7777 Fax: 9531 1981**