

# 2018/19 Community Donations - Certification and Acquittal Form



**Lodge Applications** at Ballina Shire Council • 40 Cherry Street • Ballina (Mon -Fri 8.15am to 4.30pm)  
**mail** PO Box 450 Ballina 2478 • **e** council@ballina.nsw.gov.au • **t** 1300 864 444  
**w** ballina.nsw.gov.au • **abn** 53 929 887 369

## Recipient Details

Name of Organisation

Project Description (purpose of donation)

Statement of Outcomes (what has been achieved)

Total Council Donation

Total Value of Project

Date Project Completed

## Certification

We the undersigned confirm that the amount donated by Ballina Shire Council to the recipient has been expended for the purpose described above. The section below must be completed by two officers.

Please find attached copies of our organisation's:

Receipts for total value of project

Name

Position

Address

Phone

Date

Signature

Name

Position

Address

Phone

Date

Signature

## Payment Details

Please forward Council's donation to our organisation by:  Cheque  Direct Deposit (fill in details below)

Account Name

Account Number

BSB