

CERTIFIED FINANCIAL STATEMENT - VICHEALTH ACTIVE CLUB GRANT 2017-18 ROUND ONE

Please complete this template and return to VicHealth for auditing purposes. Please retain a copy for your records.

Club / Organisation Name:

VicHealth Project Ref No:

Statement of Income and Expenditure for the six months ending June 2018:

INCOME:	
Active Club Grant 2017–18 Round One Approved Amount	\$
Less EXPENDITURE: (list equipment/injury prevention item)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenditure	\$
SURPLUS / (DEFICIT)	\$

We hereby certify that the above Statement is a true record of income and expenditure in respect to the Active Club Grant 2017-18 Round One Project for the period as indicated.

Signed: Signed:
(President / Chief Executive Officer) (Treasurer / Finance Officer / Secretary)

Print Name: Print Name:

Primary Contact Name:

Postal Address:

Email:

Phone (day time):

Please return the original signed copy of this form to VicHealth by mail: Active Club Grant 2016-17 Round Two Acquittals, PO BOX 154 Carlton VIC 3053 or scan and email to activeclub@vichealth.vic.gov.au