**CERTIFIED FINANCIAL STATEMENT - VICHEALTH ACTIVE CLUB GRANT 2018-19 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 6 months ending June 2019:

|  |  |
| --- | --- |
| INCOME: | |
| **Active Club Grant 2018-19 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 2018-19 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 VicHealthby mail: Active Club Grant 2018-19 Round One Acquittals, PO BOX 154 Carlton VIC 3053 or email to activeclub@vichelath.vic.gov.au