

**CERTIFIED FINANCIAL STATEMENT - VICHEALTH ACTIVE CLUB GRANT 2016-17 ROUND TWO**

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 December 2017:

<b>INCOME:</b>	
<b>Active Club Grant 2016–17 Round Two Approved Amount</b>	<b>\$</b>
<b>Less EXPENDITURE: (list equipment/injury prevention item)</b>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Expenditure</b>	<b>\$</b>
<b>SURPLUS / (DEFICIT)</b>	<b>\$</b>

We hereby certify that the above Statement is a true record of income and expenditure in respect to the Active Club Grant 2016-17 Round Two 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