Financial Acquittal

**Project: *[Insert project title]***

**Period: *[Insert period of acquittal, e.g. “12 months ending <date>”]***

|  |  |  |
| --- | --- | --- |
|  | **$ Actual** | **$ Budget** |
| **INCOME** |
| VicHealth grant |  |  |
| **Less:  EXPENDITURE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total expenditure** |  |  |
| SURPLUS / (DEFICIT) |  |  |
| BALANCE as at ***[date]*** |  |  |

|  |  |
| --- | --- |
| **Certification** | We hereby certify:1. this document , presents a true and fair view of the transactions relating to the grant for the period indicated;
2. that the grant was received and expended solely for the purposes of the Project; and
3. that all terms and conditions contained in the Funding Agreement (which includes the Conditions of Grant) have been complied with.
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|  |  |
| --- | --- |
| Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***[Name]***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***[Title]*** *(e.g. Chairperson, CEO)* | Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[Name]**Principal Accounting Officer or Delegate\_\_\_\_\_\_\_\_ |
| Date: | Date: |