

Per Capita Grant Acquittal Report Grants more or equal to \$50,000

NAME OF ORGANISATION		
IBN AND FILE ID		
TOTAL FUNDING AMOUNT		

Acquittal of your grant

Your Acquittal Report is essential to the development work of the NSW Community Languages Schools Program and also enables the NSW Department of Education to fulfil its obligations of accountability to the New South Wales Government.

The information you provide helps us evaluate the achievements of funded activities and monitor the effectiveness of the funding programs.

It is a condition of your funding agreement that you provide the NSW Department of Education with an acquittal report.

If you do not provide this report, or do not complete it satisfactorily, you may not be eligible to apply for further funding from the NSW Department of Education.

Audited Statement of Income and Expenditure

If your grant is \$50,000 or over, the Statement must be completed and signed by an auditor in accordance with Item 3.6.2 of the Terms and Conditions of your Funding Agreement.

Please return this acquittal report by uploading the completed form to the Community Languages Schools Program Portal.

Enquiries about this Acquittal Report can be directed to commlang@det.nsw.edu.au

Statement of Income and Expenditure				
NAME OF ORGANISATION				
IBN AND FILE ID				
INCOME	\$			
PER CAPITA GRANT - EXCLUSIVE OF GST				
EARNED INCOME				
SUPPORT FROM OTHER SOURCES/GRANTS				
YOUR OWN CONTRIBUTION				
SPONSORSHIP, DONATIONS & FUND RAISING				
IN-KIND SUPPORT				
OTHER				
TOTAL INCOME				
EXPENDITURE*	\$			
WAGES, SALARIES, FEES AND ALLOWANCES				
ADMINISTRATION				
PROMOTION, DOCUMENTATION, MARKETING				
EQUIPMENT AND MATERIALS				
TOTAL EXPENDITURE				
SURPLUS/DEFICIT				
* Suggested items of expenditure only.				
Note: Your statement is for the Calendar Year.				
Certification				
I have audited the accounting and organisation's record				
from the organisation concerned all of the information to				
accordance with the Terms and Conditions of the Fund	ing Agreement.			
To the best of my knowledge and belief the Statement that I am a member of (please tick):	of Income and Expenditure is accurate and fair. I certify			
□ Institute of Chartered Accountants				
□ Australian Society of Certified Practising Accountants				
□ National Institute of Accountants holding a current Public Practice Certificate				
□ Registered Company Auditor				
SIGNATURE	PRINT NAME			
TITLE/POSITION	DATE			

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