

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 via the [online application system](#).

Statement of income and expenditure

NAME OF ORGANISATION

IBN AND FILE ID

INCOME	\$
PER CAPITAT 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 & 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 records relating to the Per Capita Grant and have received from the organisation concerned all of the information to substantiate that the funding has been expended in accordance with the Terms and Conditions of the Funding Agreement.

To the best of my knowledge and belief the Statement of Income and Expenditure is accurate and fair. I certify that I am a member of (please tick):

- 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