



Acquittal form

APPLICANT DETAILS

Name:

Contact:

Postal address:

Contact number:

Email:

OVERVIEW

Please provide a brief description of how the Longreach Regional Council COVID-19 Relief Grant supported your organisation.

PROJECT ACQUITTAL

Income:	\$	Expenditure	\$
Council Sponsorship			

Unexpended Funds returned to Council: \$

SUPPORTING DOCUMENTATION

Copies of the following must be supplied:

- Evidence of Council COVID-19 Relief Program expenditure

DECLARATION

I declare that the information provided in this form is true and correct and that all the conditions of the funding agreement have been met.

Name:

Signature:

Position in organisation:

Date: