**DONATION ACCOUNTABILITY REPORT**

Name of Organization:

Donation Reference: Date:

Amount Received:

Purpose:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Supplier Name** | **Invoice Number/ Item** | **Net $**  **Invoice**  **(Exclude**  **GST)** | **GST**  **$** | **Total $ (Inclusive of GST)** | **Chq No.** | ***PC USE*** |
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| ***T O T A L S P E N T*** |  |  |  |  |  |  |

Please ensure:

* + Tax Invoices match payments on bank statement (please explain any variations)
  + Payments have been made **AFTER** receipt of donation
  + Attach Tax Invoices & Bank Statements appropriately referenced/highlighted
  + Unspent funds must be returned via Cheque or deposit in our bank account

02-0506-0023592-00 quoting **the reference number** in either case.

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| --- |
| **How has the donation helped you achieve your purpose/benefit to your community?** |
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**Declaration:**

We, the undersigned, verify that the information provided in this report is true and correct to the best of our knowledge and that we have the authority to provide this information on behalf of the applicant entity.

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| --- | --- | --- |
| ***To be completed by Secretary (or authorized Executive Member) of applicant group*** | | |
| Full Name: |  | Signature: |
| Contact Phone: |  | Date: |

**Please post to: Pub Charity**

**P O Box 27009**

**Wellington 6141**