

DONATION ACCOUNTABILITY REPORT



Name of Organisation:

Donation Reference:

Amount Received:

Purpose:

Date:

Supplier Name	Invoice Number/ Item	Net \$ Invoice (Exclude GST)	GST \$	Total \$ (Inclusive of GST)	Chq No.	PC USE
TOTAL SPENT						

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.

How has the donation helped you achieve your purpose/benefit to your community?

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.

To be completed by Secretary (or authorised Executive Member) of applicant group

Full Name:	Signature:
Contact Phone:	Date:

Please post to: **Pub Charity Limited**
P O Box 27009
Wellington 6141