

MEN'S HEALTH COMMUNITY GRANT ACQUITTAL FINANCIAL EXPENDITURE SUMMARY - PAGE 2

Organisation:					
ABN:					
Address:					
Town / Suburb:		State:		P/Code:	
Contact person:		Position:			
Telephone:		Mobile:			
		Email:			
Brief description of event/project:					
Actual attendance figures:		Cost for participants:			
Promotion and advertising conducted for the event:					
Expenditure Details					\$ Amount
Guest Speaker					
Catering/Meals and Softdrink					
Labour/Service costs					
Administration					
Advertising					
Total Expenditure					
Income Details					\$ Amount
Participant Fee					
Grant Money					
Other					
Total Income					
FOR OFFICE USE ONLY					
Funding Approved by:					
Signed:				Date:	
Please print name:					