Community Donations Acquittal Form 2022/23

Lodge Applications at Ballina Shire Council • 40 Cherry Street Ballina (Mon-Fri 8.15am to 4.30pm)
mail PO Box 450 Ballina 2478 • **e** council@ballina.nsw.gov.au • **t** 1300 864 444 • **w** ballina.nsw.gov.au

Recipient Details

Name of Organisation

Project Description (*purpose of donation*)

Statement of Outcomes (*what has been achieved*)

Total Council Donation

Total Value of Project

Date Project Completed

Bank Account Details

Please complete the ***'Supplier Payment Information Request Form'*** on the next page.

Privacy Protection Notice

The completed *Community Donations Acquittal Form* and *Supplier Payment Information Request Form* contains personal information which is being collected for the purpose of acquitting a community donation and to enable Council to perform any other duty or task under any relevant legislation. The information will be processed by the Corporate and Community Division and may be made available to public enquiries under the Government Information (Public Access) Act. The information supplied is required under the Government Information (Public Access) Act. The information will be stored in Council's electronic document management system.

Certification

We the undersigned confirm that the amount donated by Ballina Shire Council to the recipient has been expended for the purpose described above. (Must be signed by two officers of the organisation)

☐ Receipts for total value of project attached.

Name

Position

Address

Phone

Date

Signature

Name

Position

Address

Phone

Date

Signature

Supplier Payment Information Request

e accountspayable@ballina.nsw.gov.au • **t** 1300 864 444
w ballina.nsw.gov.au • **abn** 53 929 887 369

Complete this form if you are a new supplier to Ballina Shire Council, requesting an EFT refund or updating your details.

Request Details

☐ New Supplier ☐ EFT Refund Request ☐ Update Existing Supplier Details

Applicant Details

Supplier Name

ABN

Street Address

GST Registered? ☐ Yes ☐ No

Payment Terms ☐ 7 days ☐ 30 days

Current Postal Address

Email Address *EFT remittances will be emailed to this address*

Phone

Accounts Contact Person

Council Officer *name of Council Officer you have liaised with*

Bank Account Details

Bank Name

Branch Address

Account Name

BSB

Account Number

*If you are a **business/organisation**, for security purposes the following document must also be provided.

☐ Copy of bank statement or extract thereof showing the business/organisation name(s), bank account details and address information. *We do not require financial information so the top portion of the bank statement is acceptable or alternatively you may provide a letter from the bank confirming account details. This is in order to safeguard the integrity of supplier banking details.*

Conditions

1. Tax Invoices/Statements only to be emailed to ***accountspayable@ballina.nsw.gov.au***
2. The customer agrees to repay BSC on request any payments credited to the customer in error and BSC reserves the right to offset the amount of any overpayment.
3. This form contains personal information which is being collected for the purpose of providing a creditor payment/refund and to enable Council to perform any other duty or task under any relevant legislation. The information will be processed by the Corporate and Community Division and may be made available to public enquiries under the Government Information (Public Access) Act. The information will be stored in Council's electronic document management system.

Applicant Declaration

I/we declare that the details as shown on this form are complete and correct and that I will advise if these details change. I/we understand that it is a serious offence to provide false or misleading information.

Name

Position

Applicant Signature

Date

SUBMIT FORM