## **Community Donations Acquittal Form 2024/25**



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 dom	ation)					
Statement of Outcomes (what has b	een achieved)					
Total Council Donation	Total Value of Pro	oject	Date Project Co	ompleted		
Bank Account Details						
Please complete the 'Supplier Pay	ment Information F	Request Form' on t	he next page.			
Privacy Protection Notice						
The completed <i>Community Donations Acquittal Form</i> and <i>Supplier Payment Information Request Form</i> 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		Name				
Position		Position				
Address		Address				
Phone	Date	Phone		Date		
Signature		Signature				

## **Supplier Payment Information Request**





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 S	Supplier Details
Applicant Details			
Supplier Name		ABN*	
Street Address			Yes No
Current Postal Address		Payment Terms	7 days 30 days
Email Address EFT remittances will be	e emailed to this address	Phone	
Accounts Contact Person	Counc	cil Officer name of Council Office.	r you have liaised with
Bank Account Details			
Bank Name	Branch	n Address	
		TAULESS	
Account Name	BSB		ount Number
	tion, for security purposes f extract thereof showing the ttion. We do not require financial ir	Acco the following document mu business/organisation nar formation so the top portion of the	ust also be provided. ne(s), bank account bank statement is
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## **SUBMIT FORM**