

Appendix B: Support vehicle acquittal

Financial report and certificate of satisfactory completion

Complete this form to acquit your project. Make sure you follow the instructions below.

- Complete this document once the project is finalised.
- Check this is the correct form for your funding round. The documents are updated each round.
- Refer to your copy of the original application and funding agreement when completing this form.
- All acquittals must include the below supporting documentation:
 - Copies of all relevant tax invoices and/or transaction sheet.
 - Photographs of completed works in jpg format.
 - Any project related media, for example press releases.
 - Local government bank details either attached or in the comments section.
- Return this completed form and supporting documentation to SES Grants via grants@ses.qld.gov.au

| Project Details | | | |
|---|--|-------------------------|--|
| Project ID number | | Local government | |
| Grant contribution amount (GST excl) | | SES group/unit | |
| Project title | | | |
| Comments: | | | |
| | | | |

| Vehicle Details | | | |
|---|--|---------------------------------------|--|
| Make and model | | Year of manufacture | |
| Qld Government registration number | | Has the SES badging been done? | |

Direct project incurred expenses

Record all expenses directly incurred for the project. If there isn't enough space here, provide all expenditure information in a separate attachment. You still need to complete the 'TOTAL PROJECT EXPENSE' field.

| Item | Amount – GST Exclusive |
|------------------------------|------------------------|
| | |
| | |
| | |
| TOTAL PROJECT EXPENSE | |

DECLARATION

I declare that:

- The information provided in this form is true and correct.
- The grant was expended as detailed in our application and in accordance with the funding guidelines.
- The project has been inspected and is completed satisfactorily in accordance with the proposal.
- I have the duly delegated authority to submit this acquittal on behalf of the Chief Executive Officer and Nominated Officer.

By checking this box, I hereby agree to the above declaration.

| | | | |
|------------------|--|-----------------------|--|
| Name | | Position | |
| Date | | Contact number | |
| Email | | | |
| Signature | | | |

