



GRANT ACCOUNTABILITY CHECKLIST

Organisation Name:
Reason for Application:
Amount Approved:

These funds have been approved for the **GST exclusive** amount of the goods and/or services detailed. If any approved funds are used for the GST portion of the goods and/or services purchased, you must immediately refund the GST amount to Trillian Trust.

Name: _____ **Position in organisation:** _____
Phone Number: _____ **Date completed:** _____
Email Address: _____ **TT#:** _____

Tick boxes

EXPENDITURE DETAILS:

	Supplier Name	Invoice #	Payment Date	Details	Amount GST excl.
1					\$
2					\$
3					\$
4					\$
5					\$
Total Costs:					\$

PAID INVOICE(S):
Copy of paid invoice(s) for Goods & Services as per Grant Application.

BANK STATEMENT(S):
Payment of invoice/s clearly marked or highlighted.

REFUND CHEQUE: (if applicable)
For all surplus/unspent funds attached for: \$ _____

PHOTOS (OPTIONAL):
Showing project completion or goods purchased. By providing photos you are giving Trillian Trust permission to use for promotional purposes in any form of media.

Please return to:

Trillian Trust
PO Box 12245
Penrose, Auckland 1642
Phone: 09 579 1428