

**CERTIFIED FINANCIAL STATEMENT - VICHEALTH ACTIVE CLUB GRANT 2015-16 ROUND TWO**

Please complete this template and return to VicHealth for auditing purposes. Please retain a copy for your records.

Club / Organisation Name: .....

VicHealth Project Ref No: .....

Statement of Income and Expenditure for the 6 months ending December 2016:

|  |           |
|--|-----------|
| <b>INCOME:</b>   |           |
| <b>Active Club Grant 2015–16 Round Two Approved Amount</b>       | <b>\$</b> |
| <b>Less EXPENDITURE: (list equipment/injury prevention item)</b> |           |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
| <b>Total Expenditure</b>   | <b>\$</b> |
| <b>SURPLUS / (DEFICIT)</b>                                       | <b>\$</b> |

We hereby certify that the above Statement is a true record of income and expenditure in respect to the Active Club Grant 2015–16 Round Two Project for the period as indicated.

Signed: ..... Signed: .....  
**(President / Chief Executive Officer) (Treasurer / Finance Officer / Secretary)**

Print Name: ..... Print Name: .....

Primary Contact Name: .....

Postal Address: .....

Email: .....

Phone (day time): .....