



GRANT RECEIPT FORM

Full Name of the Club / Society / Individual receiving the Grant:

Contact details:

Name Position on Committee

Contact Phone Number

Contact Email Address (main method of communication)

Account for Payment:

Name of account (for club grants this must be in the club's name)

UCSA USE ONLY:

Grant Application No: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Date Received: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Grant Round Considered: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

Approval Letter attached: Yes No

Bank Statement attached: Yes No

Please ensure you complete this form thoroughly, and attach all supporting evidence to this form, including: receipts, invoices, and bank statements. Remember this form must be received by the UCSA **before** the cut off date in your approval letter.

Date	Details of Purchase	Purchased from	Method of Payment	Amount \$	Receipt / Invoice Attached?
Total:					

DECLARATION:

I declare that the attached information supplied on behalf of myself / our organisation is correct, and I / our organisation agree(s) to:

1. Comply with requests from UCSA for additional material
2. Allow UCSA to direct an audit or inspection of the books, accounts, or data system in which the funds received by me / this club or society have been deposited and, in the event of any irregularity being discovered, to refund the grant immediately in whole or in part as required by the UCSA in its absolute discretion.

3. Make provisions for the return of any equipment or funds acquired with UCSA grants in the event of the organisation winding up, if applicable.
4. Comply with any terms and conditions outlined by the UCSA in the approval letter.

Signature: _____ Date: _____

Full Name: _____

Position: _____

HAVE YOU ATTACHED ALL THE REQUIRED DOCUMENTS?

Your Approval Letter

Your Receipts / Invoices

Copy of your Bank Statement showing the payment leaving your account

Once complete please deliver this form:

In person to UCSA Reception, Level 1, Puaka-James Hight Building

Via Email to clubs@ucsa.org.nz

Via Post to PO Box 31311, Christchurch 8444

For assistance with this form contact the UCSA Clubs Coordinator:

clubs@ucsa.org.nz

03 364 3937

UCSA USE ONLY:

Date authorised: <input style="width: 90%;" type="text"/>	Amount: <input style="width: 90%;" type="text"/>
GL code: <input style="width: 90%;" type="text"/>	Documents Checked: <input type="checkbox"/> Approval Letter <input type="checkbox"/> Receipts / Invoices <input type="checkbox"/> Bank Statement
Payment Authorisation Name: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>

THIS FORM IS AN EDITABLE PDF - IT IS PREFERRED THAT IT IS COMPLETED ELECTRONICALLY

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