

THE CATHOLIC CARING FOUNDATION – AUDIT SUMMARY REPORT

|  |  |
| --- | --- |
| Name of Organisation: |  |
| Grant Amount Funded: |  |
| Authorised purpose:  (What this grant was given for) |  |

GST Registered: YES □ NO □

*IMPORTANT:*

*Please send the completed form together with all invoices & bank statements in the order listed (please use another sheet when required).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Supplier** | **Invoice#** | **Gross$ (for wages)** | **Amount$**  **(incl GST)** | **Chq#/Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total:** |  | $ | $ |  |
| **Refund Cheque (if any):** |  | $ |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To be Signed by the Treasurer/Finance Administrator** | |  | |  |
| **Full Name:** |  | | **Email Address:** |  |
| **Date:** |  | | **Signature:** |  |

|  |  |
| --- | --- |
| **CARING FOUNDATION USE ONLY:** |  |
| **Total grant paid:** |  |
| **Less invoices:** |  |
| **Refund received:** |  |
| **Balance remaining :** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Recommendations: |
|  |  |  |  |
|  |  |  |  |