



Clutha District Council

1 Rosebank Terrace
P O Box 25, Balclutha

Telephone (03)419-0200
Fax (03)418-3185
E-mail help.desk@cluthadc.govt.nz

APPLICATION FOR REIMBURSEMENT OF EXPENSES FOR ANZAC DAY SERVICES

For use by RSA branches and service clubs who wish to claim reimbursement (which may amount to partial reimbursement only, depending on the number of applications to the fund), toward the cost of one wreath, printing of programmes and hall hire for Anzac Day services throughout the Clutha District.

Please complete the details below, attach a bank deposit slip and return to:

The Corporate Services Administrator
Clutha District Council
P O Box 25
BALCLUTHA 9340

Fax: 03 418 3185
Email: help.desk@cluthadc.govt.nz

No later than 31 May

1. ORGANISATION DETAILS

Name of Organisation _____

Postal Address _____

Contact Person _____

Contact Phone Number _____

Contact Email _____

2. THE PROJECT

2.1. Details (venue and time) of the Anzac Day service for which funds are sought

Continue on separate sheet if necessary

3. FINANCIAL

- 3.1. Please state the item/s (ie, wreath, hall hire and/or printing) you would like assistance with (receipts must be supplied).

Description _____	Description _____
Amount Paid _____	Amount Paid _____
Receipt # _____	Receipt # _____

Description _____	Your GST No. (if registered)
Amount Paid _____	
Receipt # _____	

4. ADDITIONAL INFORMATION

If there is any additional information you wish to submit, please continue on a separate sheet.

5. DECLARATION

I hereby declare that the above information is correct and is lodged with the full knowledge and consent of the organisation.

Name _____

Designation _____

Organisation _____

Date of Application _____

Signature _____

6. CONSENT UNDER PRIVACY ACT 1993

I _____ (*name*) consent to the Clutha District Council collecting the personal contact details provided above, retaining and using these details for mailing and contact lists and disclosing them to any agencies for the purpose of reviewing the council's funding schemes. I undertake that I have obtained the consent of the other contact person to provide these details. I acknowledge my right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Signature _____ **Date** _____