**Financial Acquittal – Local Drug Action Team**

Contract amount totals over $25,000. **All amounts are GST exclusive.**

|  |  |
| --- | --- |
| **LDAT number** | Insert LDAT number |
| **LDAT name** | Insert LDAT name |
| **CAP name** | Insert CAP name |
| **CAP number** | Insert CAP number |
| **Contract amount** | Insert CAP contract amount |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Planned Spend (A) | Actual Spend (B) | Unspent Funds (A minus B) |
| Budget line 1 | $ | $ |  |
| Budget line 2 | $ | $ |
| Budget line 3 | $ | $ |
| Budget line 4 | $ | $ |
| Budget line 5 | $ | $ |
| **Total** | $ | $ | $ |

For any unspent funds ONLY

Select 1 option below of which the total amount should equal to total of unspent funds above.

|  |  |
| --- | --- |
| Rollover funds into next CAP *This amount should be populated into form for next CAP submission* | $ |
| OR |  |
| Return funds to ADF *To be returned to ADF – a tax invoice will be sent you within 2 weeks of receipt of Financial Acquittal* | $ |
| Accounts contact person: |
| Accounts email:  |

If you are returning unspent funds to the ADF, select reason:

[ ]  Changing the Lead Member for the LDAT

[ ]  Other (please specify)

## **Declaration:**

## I hereby certify, confirm and agree that:

## the information above is a true record of income and spend for the LDAT

## funds were spent as per the budget in the approved grant application for the CAP

* no funds were spent on capital asset/s, except if written prior approval received from ADF
* account/s and financial records have been maintained, so that all receipts and expenditure of each Grant are always clearly identifiable and accessible for auditing purposes, if requested.

|  |
| --- |
| Signature of CEO/company secretary/finance manager or other authorised person |
| Name \fullname  |
| Date dd/mm/yyyy   |