

Community Sponsorship Fund

Application Form

The Community Sponsorship Fund aims to assist community organisations and individuals residing within the Shire of Murray with travel or accommodation expenses incurred in representing their sport, recreation or academic field representing the at State, National or International Level

Criteria

Applicants must:

- Reside within the Shire of Murray
- Provide supporting documentation such a letter of selection as part as the application.
- Complete a new creditor form as part of the application process.
- Provide a bank statement (minus transactions) as proof of matching bank details on form.
- Complete Acquittal Reports within 30 days of the completion of proposed competition. Receipts are not required to support the acquittal.

Funding

Funding is limited up to \$200 for individuals representing WA and \$300 for representing Australia. Funding is open all year round.

Applications will not be processed if the competition has already occurred (no retrospective funds). If funding is expended before the end of the upcoming financial year, applications will not be able to be processed

| Applicant Information | |
|-----------------------|--------------|
| Name of Applicant: | |
| Date of Birth: | Gender: |
| Address: | Town/Suburb: |
| Telephone: | Email: |



| Details of Event | | | | | |
|-------------------------------------|--|--|--|--|--|
| Event Start Date: | Event Completion Date: | | | | |
| Who will you be representing? (Ple | ase attach a letter acknowledging your selection) | | | | |
| How will the donation from the Shir | re of Murray assist you? | | | | |
| | otional purposes if available and complete the attached mage Release Agreement | | | | |
| I, hereby true and correct. | declare that the information is provided in this application is | | | | |
| Signed by: | Date | | | | |
| For applicants under 18 years: | Guardian/Parent Name: | | | | |
| | Guardian/Parent Signature: | | | | |
| | | | | | |

Creditor Payment Details Form

CREDITOR/SUPPLIER DETAILS:



CHANGE OF DETAILS

Please provide the following information to allow us to pay accounts through Electronic Funds Transfer.

NEW

| Trading Name: | | | | | | |
|---|-----------------------|----------|------------------|-----------|--------------|---------|
| Mailing Address: | _ | | | | | |
| Site Address: | | | | | | |
| ABN No: | | | | | | |
| Accounts Receivable | Contact: | | | | | |
| Accounts Receivable | Email: | | | | | |
| Phone (including area | a code): | | | | | |
| Registered for GST | | Yes | | No | | |
| Name of Bank Accou | | | | | | |
| Bank Name | | | | | | |
| BSB (Bank/State/Branch C | ode - 6 Digits): | | | | | |
| Account Number: | | | | | | |
| *Verification of Bank Det | tails Attached? | Yes | | No | | |
| *Please ensure you I cheque, account sta details listed. Furthe | tement, bank letter o | or lette | r on company | 's letter | | |
| Signed: | | Prir | nted Name: . | | | |
| Position with Company | /: | | | | | |
| Once completed plea creditors@murray.wa | | | | | | A 6208. |
| Any queries please c | ontact our Accounts | s Payal | ole departme | nt on (08 |) 9531 7727. | |
| | | | | | | |
| OFFICE USE | | | | | | |
| Creditor No | | | | | | |
| Date Records Updated | | | Officer's Signat | ure | | |
| Approved By (Name) | | | Approved by (S | ignature) | | |
| | | | | | | |