

OFFICE USE ONLY

DATE RECEIVED:

ORGANISATION NO:

APPLICATION NO:

**DONATION ACCOUNTABILITY REPORT**

*To be completed within 12 months of receiving the CTMSC donation. Please note: Failure to complete a satisfactory accountability report and to provide the required supporting documentation may result in your organization having to refund the donation.*

**PART ONE: ORGANISATION DETAILS**

1. **Full name of organisation**

*(The organisation’s name should generally be the same as the bank account name)*



1. **Date of accountability report**
2. **Name & Contact Details of Contact Person for this Accountability Report**



**PART TWO: APPROVAL DETAILS**

*These can be found on the organisation’s ‘Approval Letter’*



4. Donation Round & Amount of Donation

|  |
| --- |
|  |
|  |



**5. Date paid into bank account**



**6. Purpose for which funds were donated:**



**7. Acknowledgement Guidelines:**

Has the donation been acknowledged in accordance

with the CTMSC “Acknowledgement Guidelines”: Yes ☐ No ☐ *Please tick*

**(Please attach relevant examples of acknowledgement activity)**

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**The Community Trust of Mid & South Canterbury, P.O Box 983, 27 Strathallan St, Timaru 7910**

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**8. Have you fully spent the funds donated?**

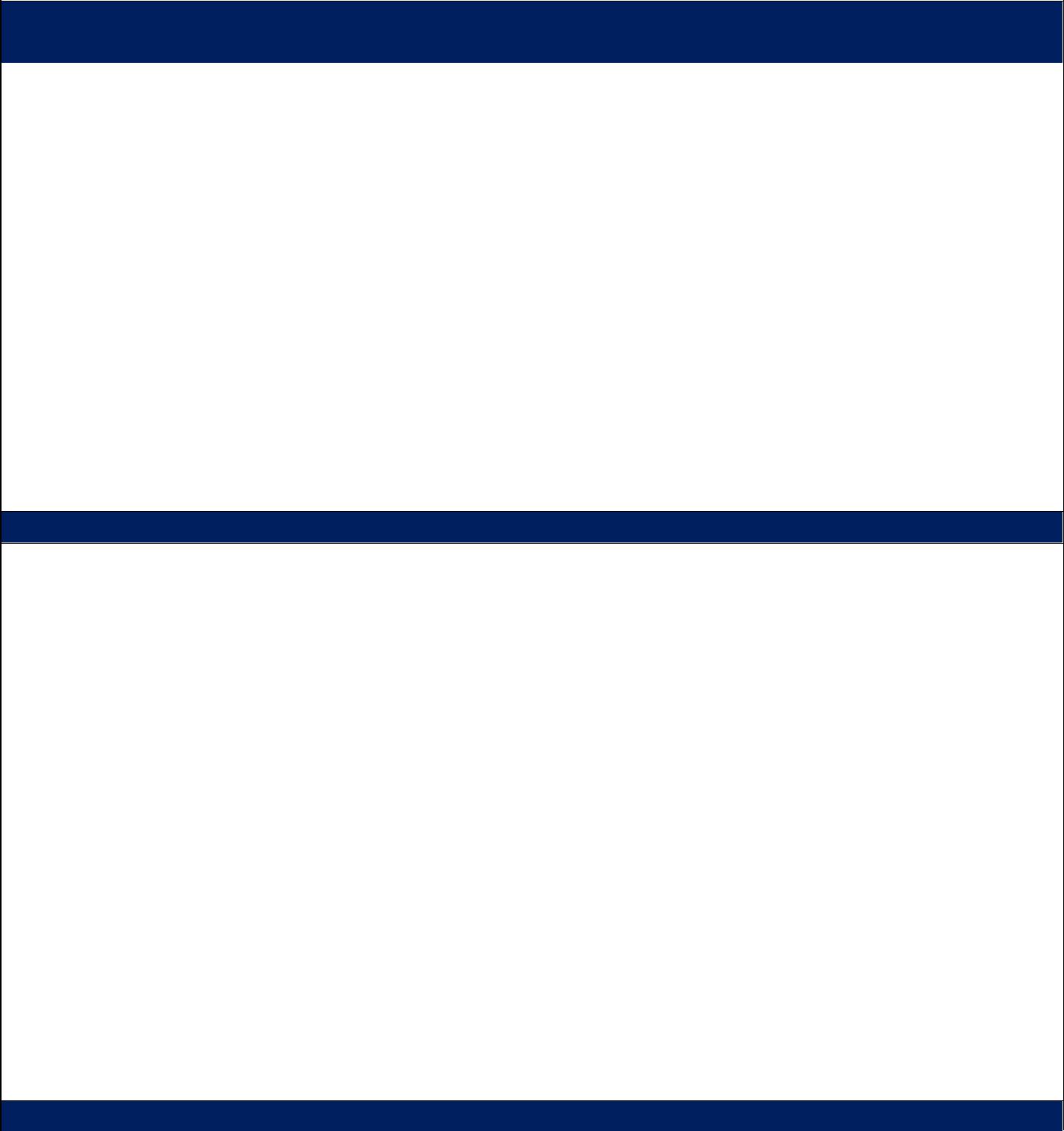
Yes ☐ No ☐ *Please tick*

If ‘No’ Please explain why:

If ‘No’ a refund of the remaining amount to CTMSC is required.

Either post a cheque made out to The Community Trust of Mid & South Canterbury with your organization name written on the reverse, **or** pay by direct credit to CTMSC ‘s Westpac account: 03-0887-0336735-00, with your organization name as the reference.

**PART THREE: EXPENDITURE DETAILS**



*9.* Please complete the following breakdown of donation expenditure

|  |  |
| --- | --- |
| **Item** | **$ Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL SPENT** | **$** |

10. What were the key outcomes for your organisation as a result of this CTMSC donation?

(Please attach additional information/statistics on donation outcomes as required)

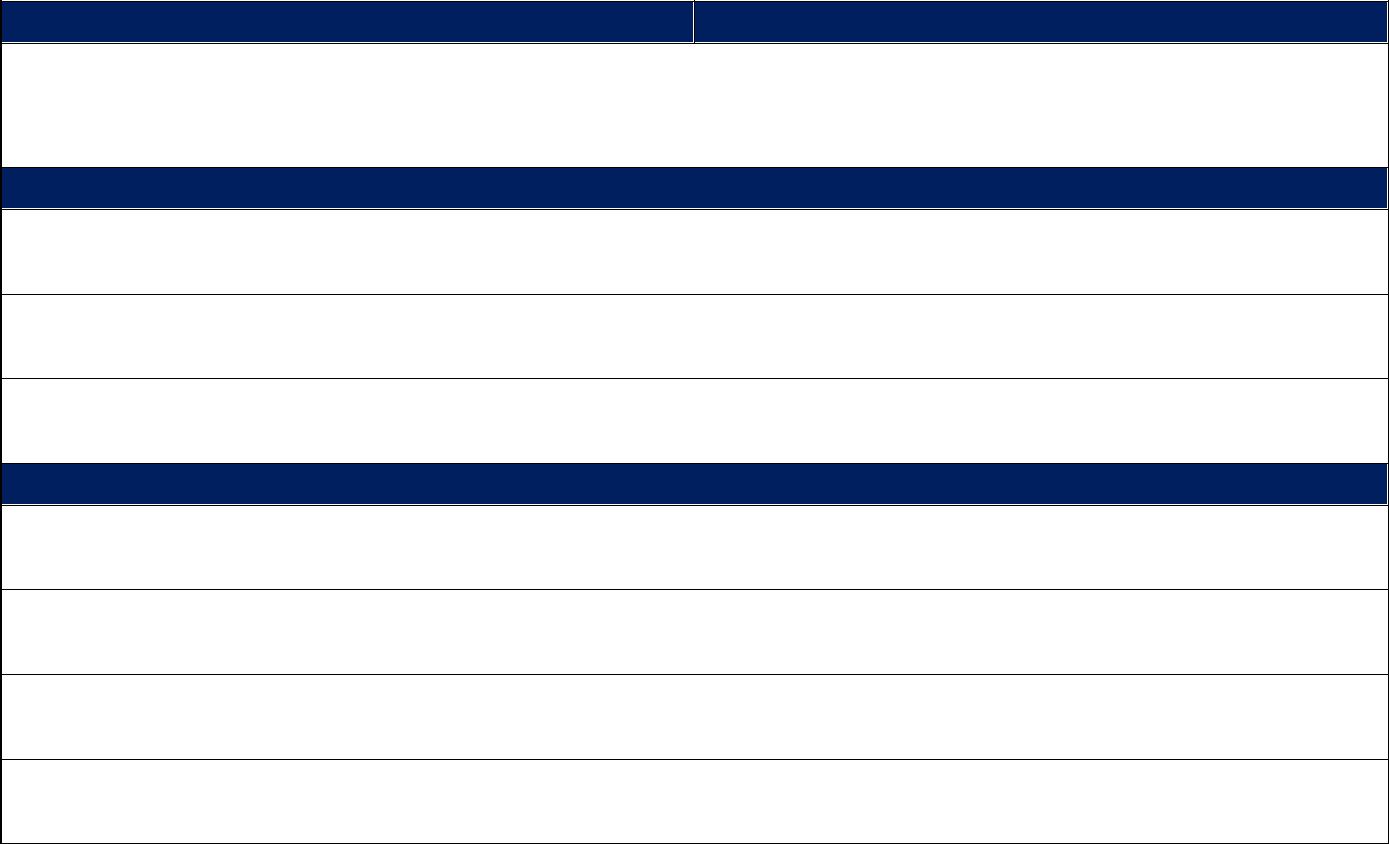
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**PART FOUR: SUPPORTING DOCUMENTATION**

*The following documentation is required to support this Accountability Report: (Please tick the boxes to indicate the information is attached)*



**For all CTMSC donations**

* Copy of bank statement showing the CTMSC Donation deposit into your organisation’s bank account

**For CTMSC donations where purchases have been made**

* Copy of invoice(s) to support the expenditure of the grant
* Copy of the bank statement(s) showing the payment of the invoice(s)
* If the payments have been made in batch form, a copy of the batch schedules

For CTMSC donations which have been spent on salary/wages

* Copy of the wages/salary records
* Copy of the IR345/IR348’s
* If the payments have been made in batch form, a copy of the batch schedules
* Copy of the bank statement(s) showing the payment(s) made from the organisation’s bank account.

**PART FIVE: PUBLICITY MATERIALS**

The Community Trust of Mid & South Canterbury welcomes copies of digital photos you may have of the project & people enjoying the project for inclusion in CTMSC websites and publicity material. Photos can be sent as attachments to [msccomtrust@xtra.co.nz](mailto:msccomtrust@xtra.co.nz).

The CTMSC also welcomes “Likes” on the CTMSC *Facebook Page* [www.facebook.com/comtrust.org.nz](http://www.facebook.com/comtrust.org.nz)

**Send your completed Accountability Report & Supporting Documentation to CTMSC:**

|  |  |
| --- | --- |
|  |  |
| **By NZ Post** | Community Trust of Mid & South Canterbury, P.O. Box 983, Timaru, 7910 |
|  |  |
|  |  |
| **By Courier** | Community Trust of Mid & South Canterbury, Community House, 27 Strathallan Street, Timaru. |
|  |  |
|  |  |
| **By Email** | msccomtrust@xtra.co.nz |
|  | Please note: If emailing the Accountability Report & Supporting |
|  | Documentation **the** **‘Declaration’** **(refer to next page) with original** |
|  | **signatures, must be posted separately.** |
|  |  |

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**PART FIVE: DECLARATION**

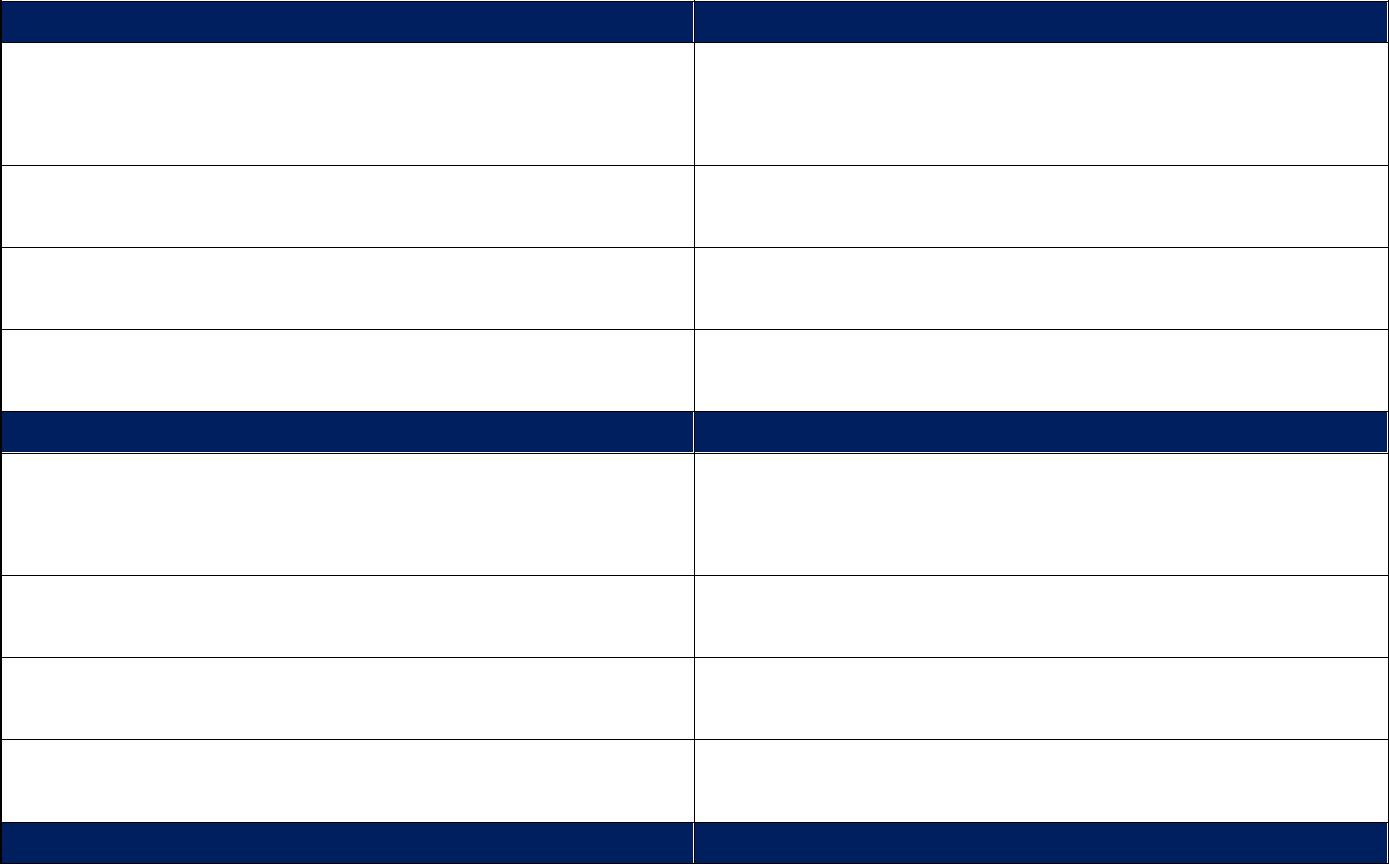
**DECLARATION**

***Please note: this form needs to be completed by two authorised signatories of the organisation – original signatures only, not photocopied or scanned – and posted to the Community Trust of Mid & South Canterbury, P.O. Box 983, Timaru 7940****.*

**Round:**

**Donation:**

We solemnly declare that all details contained in this report are true and correct to the best of our knowledge, and that we have the authority to provide this information.



**Signature of First Authorised Signatory**

*Original signature, not photocopied or scanned*

**Full name in CAPITAL LETTERS**

**Role (eg CEO/Principal/Manager/Chairperson)**

**Date**

**Signature of Second Authorised Signatory**

*Original signature, not photocopied or scanned*

**Full name in CAPITAL LETTERS**

**Role (eg Secretary/Treasurer/Trustee)**

**Date**

Thank you for your assistance in submitting this donation accountability report

Clive Callow

Community Relations Manager

Community Trust of Mid & South Canterbury

**DD**:(03) 6877589  **E**: [clive.trust@xtra.co.nz](mailto:clive.trust@xtra.co.nz)

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