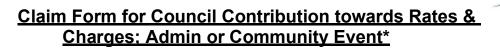
COMMUNITY FINANCIAL ASSISTANCE PROGRAM





* Claim form only applicable to contributions listed in C	Council's Operational Plan approved by	Council.
Name of Organisation:		
Name of Contact Person (for mail):		
Position in Organisation:		
Postal Address:		
Phone:	Mobile:	
Email:		
Signature:	Date:	
Please indicate claim type:		
	contribution	mmunity Event** compliant tax invoice.
If this request is for the purpose of paying Cou Assessment Number / Account number and p		ovide the Property
Address	Assessment No.	Amount \$
Amount claimed***: \$		
*** For Admin contribution (insurance) and commu	unity events attach substantiation of	payment (e.g. Receip
Council's preferred payment to creditors is Council will directly deposit payments into remittance advice is forwarded showing th	the bank account of your choice	
Please provide the following details.		
Bank:		
BSB No:		
Account No:		
Account Name:		
Email Address:		