

Nunyarra Aboriginal Health Service Inc

2014 ACTIVITY EVALUATION AND FINANCIAL ACQUITTAL

LEGAL NAME OF ORGANISATION

LOCATION ADDRESS

PO BOX

PHONE

FAX

CONTACT PERSON

EMAIL ADDRESS

MOBILE NUMBER

NAME OF THE ACTIVITY UNDERTAKEN

DATE THE ACTIVITY TOOK PLACE

PLACE THE ACTIVITY OCCURRED

WERE THERE ANY BARRIERS TO YOU
COMPLETING THIS ACTIVITY AS
ORIGINALLY PROPOSED IN THE
APPLICATION?

YES

NO

IF YES, PLEASE ELABORATE:

NUMBER OF PEOPLE WHO PARTICIPATED IN THIS
ACTIVITY

INDIGENOUS

NON INDIGENOUS

WHAT MEDIA COVERAGE DID YOU GET? ATTACH
EXAMPLES IF YOU CAN

HIGHLIGHT AN EXAMPLE OF HOW HOLDING THIS
ACTIVITY CONTRIBUTED TO STRENGTHENING
COMMUNITY / BUILD SOCIAL INCLUSION AND
PARTICIPATION.

HIGHLIGHT AN EXAMPLE OF HOW THIS ACTIVITY
ENABLED PEOPLE TO EXPLORE AND CELEBRATE
INDIGENOUS CULTURE?

Nunyara Aboriginal Health Service Inc

All tax invoices should be forwarded with the acquittal. Below is an example of how an acquittal might look.

Income & Expenses for 2014

INCOME RECEIVED	Supplier	Amount	GST Amt	Total Amount	Invoice Received
Grant Received					
In Kind Support					
Total Income					

Expenses	Supplier	Amount	GST Amt	Total Amount	Inv Received
Total Expenses					
Surplus/(Deficit)					

*Note that tax invoices and acquittal for all expenditure must be forwarded by **31st July 2014** with the evaluation to Awhina.Smith@nunyara.org.au

PLEASE READ AND COMPLETE THE FOLLOWING DECLARATION:

- I HAVE PROVIDED COPIES OF ALL TAX INVOICES PERTAINING TO THIS ACTIVITY
- THE INFORMATION, INCLUDING FINANCIAL INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE
- ANY UNSPENT FUNDING WILL BE RETURNED TO NUNYARA UPON RECEIPT OF A TAX INVOICE

SIGNED AND PRINT NAME

DATE