

Expenditure

Total SCAN funds received (ex. GST)	\$
Total expenditure for supporting funded children (ex. GST)	\$

Expenditure detail

1. Support Workers

<input type="checkbox"/> No of Qualified	Total SCAN funds spent on support workers \$
<input type="checkbox"/> No of Unqualified	\$

2. Specialised Equipment/ Resources

Items purchased	Cost (ex GST)

3. Staff Training

Course name	Number of staff attended	Total cost (ex GST)

4. Professional External Support

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Certification

As the authorised supervisor of the service I certify that the attached information is true and accurate

Authorised Supervisors Name: _____

Signature: _____ Date: _____

On behalf of the service I/we certify that the information provided on this form is correct.

(To be signed by two management committee representatives or the duly authorised delegate. If two are required to sign

then one must be the treasurer or person responsible for the management of funds)

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Position: _____

Position: _____

Date: _____

Date: _____