




**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: \_\_\_\_\_