



CITY OF VICTOR HARBOR  
COMMUNITY GRANTS PROGRAM  
**2014/15**

FINANCIAL CERTIFICATION STATEMENT

Organisation: .....

Amount of grant funding approved:.....

We hereby certify that the one-off funding approved under the City of Victor Harbor Community Grants Program 2014/15 has been expended for the approved purposes as specified:

Details	Expenditure
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
<b>Total</b>	<b>\$.....</b>

Name.....	Name.....
Signature.....	Signature.....
Position Held.....	Position Held.....
Date.....	Date.....

Please return this form when all funds have been expended to:

Mark Oliphant  
Manager Community Services  
City of Victor Harbor  
PO Box 11  
VICTOR HARBOR SA 5211