

FOR USE BY CORPORATE COMMUNICATIONS:

Authorisation #: \_\_\_\_\_

## Statement of Income and Expenditure from Internal Fundraising Activities

(As required by the *Charitable Fundraising Act 1991*)

**Applicant's Name** (may include individual or organisation name):

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**Name/Type of Fundraising Activity:**

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**Proceeds to be donated to** (specify the Hospital/Department/Ward/Unit):

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**Cost Centre** (if known, otherwise, please write the purpose of the gift, such as medical equipment or patient amenities, or leave blank for 'area of greatest need'):

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	ESTIMATED (Complete pre-event)	ACTUAL (Complete post-event)
<b>INCOME</b>	\$	\$
Sponsorship		
Raffle		
Sales		
Food		
Beverages		
Others (specify)		
<b>Total Income</b>		
<b>EXPENSES</b>	\$	\$
Food		
Beverages		
Printing/Stationery		
Postage		
Venue Hire		
Advertising		
Cost of goods and materials		
Raffle Costs		
Other (specify)		
<b>Total Expenses</b>		
<b>Income minus Expenses = TOTAL DONATION</b>	\$	\$

Please attach all relevant documents and information required as listed in  
the 'Guidelines and Procedures for Internal Fundraising'

