**OUTCOMES REPORT**

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| --- | --- |
| **Donation Recipient:** |  |
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| **What was the purpose of the Donation:** |
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|  |  |
|  |  |
| **What did you achieve as a result of the Donation:** |
|  |

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| --- |
| **Financial Acquittal - please attach copies of relevant receipts if not paid by Centrecorp Foundation** |
| Item | Donation Received | Self or Other Funding | Total Spend |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**Declaration**

I declare that the information given on this form is complete and correct and all copies of relevant receipts (or audited financial statement) have been attached.

Printed Name of Donation Recipient or Accountable Officer:

Signature: Date: