



Street Collections Statement

Please complete the following using a PEN. Write clearly using BLOCK LETTERS.
 If you require assistance completing this form please contact the Associations & Charities
 Branch on (08) 6251 1407.

Details of Organisation:

Name:

Address:

Telephone:

Email:

Date of Appeal:

Receipts:

Total Collections:

Expenses:

Advertising:

Printing/Stationary:

Other:

*Salaries

*No payment by way of reward/salary shall be paid to any collector participating in the appeal unless the prior approval of the Minister for Commerce has been obtained.

Net Proceeds:
 (= Total Collections minus Expenses)

Declaration:

I certify that the above monies were banked and the expenses incurred are true and correct.

Signature: Date:

Name:

Position in Organisation:

This Statement must be returned to the Department within 30 days of the appeal.

DEPARTMENT OF
 COMMERCE
**ASSOCIATIONS &
 CHARITIES BRANCH**

Postal Address:
 Locked Bag 14
 Cloisters Square
 Perth WA 6850

Telephone:
(08) 6251 1407

Email:
charities@commerce.wa.gov.au

Website:
www.commerce.wa.gov.au/charities