****

**FORMAT OF ACCOUNTS FOR**

**COMMITTEE OF MANAGEMENT**

Annual Financial Statement for year end 30June, 20 \_\_\_

|  |  |  |
| --- | --- | --- |
| **PREVIOUS YEAR** |  | **CURRENT YEAR** |
| $ |  | $ |
|  | Bank balance at 1 July 20 \_\_\_ |  |
|  | Plus Income |  |
|  | Grants |  |
|  | Membership Fees |  |
|  | Hire Fees |  |
|  | Rental Income |  |
|  | Fundraising |  |
|  | Interest |  |
|  | GST Collected (if applicable) |  |
|  | Other\* |  |
|  |  |  |
|  | Total Income |  |
|  | Less Expenses |  |
|  | Electricity/Gas |  |
|  | Fundraising |  |
|  | Maintenance |  |
|  | Telephone |  |
|  | GST Paid (if applicable) |  |
|  | Other\* |  |
|  |  |  |
|  | Total Expenditure |  |
|  | Balance as at 30 June 20 \_\_\_ |  |
|  |  |  |
|  | Bank Statement at 30 June 20 \_\_\_ |  |

**\*Major items over $500 to be separately listed.**

Page 2 of 2

Details of bank and fixed deposit balances held.

|  |  |  |
| --- | --- | --- |
| **Bank** | **Branch** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |

Treasurer’s Name:

Contact Number:

**PLEASE ATTACH COPIES OF BANK STATEMENTS AND VERIFICATION**

**OF FIXED DEPOSIT BALANCES AS AT 30TH JUNE 20 .**

**CAPITAL ITEMS PURCHASED TO BE ADDED TO INSURANCE REGISTER**

**ITEM PURCHASE PRICE DATE**

**1.**

**2.**