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| Committee of Management Annual Return  For the financial year ended 30 June 2017 |

Please complete and return by **24 November 2017** to: CoM Returns  
DELWP Customer Service Centre

402 Mair Street  
BALLARAT VIC 3350

**or** Email: **customer.service@delwp.vic.gov.au**

1. Committee of Management

|  |  |
| --- | --- |
| Name: | I.D: |

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2. Statement of income and expenditure

Please only include income and expenditure for the Committee, not Tenants of the Reserve.

|  |  |
| --- | --- |
| Income | 2016–17 ($) |
| 1. Fees *(eg hall hire, entrance fees, membership fees)* |  |
| 1. Fundraising *(eg garage sales, raffles, fundraising events)* |  |
| 1. Gifts / Donations |  |
| 1. Grants |  |
| 1. Leases / Licences / Informal Agreements |  |
| 1. Proceeds from disposal of Asset *(eg sale of lawn mower)* |  |
| 1. Interest received |  |
| 1. GST / Tax refunds *(if applicable)* |  |
| 1. Other *(please specify)* |  |
|  |  |
|  |  |
| **Income Total** *(add a to i)* |  |

|  |  |
| --- | --- |
| Expenditure | 2016–17 ($) |
| 1. Utilities *(eg electricity, gas, water, council rates, phone, internet)* |  |
| 1. Fundraising costs |  |
| 1. Administration expenses *(eg stationery, postage, contract admin staff)* |  |
| 1. Building maintenance *(eg repairs, up keep, contract cleaners)* |  |
| 1. Asset purchases and additions *(eg tools, lawn mower, capital improvements)* |  |
| 1. Land maintenance *(eg tree removal, fencing, contract gardeners)* |  |
| 1. Insurance costs *(include premiums and any excess payments)* |  |
| 1. Salaries & Wages *(payments to staff & related costs - not payments to contractors)* |  |
| 1. Banking costs *(eg fees and charges)* |  |
| 1. GST / Tax Payments *(if applicable)* |  |
| 1. Other *(please specify)* |  |
|  |  |
|  |  |
| **Expenditure Total** *(add j to t)* |  |

3. Breakdown of cash balance and other investments

Please only provide balances for the Committee, not Tenants of the Reserve.

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| --- | --- | --- | --- | --- |
|  | | | Opening balance 1 July 16 | Closing balance 30 June 17 |
| 1. Petty cash on hand | | |  |  |
|  | **Account name** | **Institution** |  |  |
| 1. Bank account 1 |  |  |  |  |
| 1. Bank account 2 |  |  |  |  |
| 1. Term deposits |  |  |  |  |
| 1. Receipts not yet banked (Cash and Cheques) | | | |  |
| 1. Less un-presented cheques | | | |  |
| 1. **Total cash assets (a + b + c + d + e) – (f)** | | | |  |

4. Review key Committee contact details

**If the Committee’s contact details have changed since your last return please insert the new details below**

(please provide a current email address for the Committee if you have not already done so).

|  |  |
| --- | --- |
| Name |  |
| **Title**  (eg Chair, Secretary, Member) |  |
| **Postal address** |  |
| **Committee email address** |  |
| **Telephone number** |  |
| **Mobile number** |  |

5. Additional comments

**Include issues you would like to bring to the department’s attention**

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6. Attestation of Committee’s responsible officer

**The Committee’s Responsible Officer must be a Committee Member (eg Chairperson, Secretary   
or Treasurer).**

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| --- | --- |
| I certify that the financial information supplied can be substantiated from supporting records and that any attached information is accurate. | |
| Name |  |
| **Title** |  |
| **Telephone number** |  |
| **Signature** |  |
| **Date of signing** |  |

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