FORM OF ACCOUNT OF EXPENSES, PROCEEDS AND APPLICATION OF PROCEEDS OF COLLECTION MONEY

Form Ref: G/SC2

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If you require this document in an alternative format, please contact us.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records.
## Part 1 – Details of Chief Promoter

1. **Title:**[ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Dr [ ] Other *(please specify)*
   - **Surname:**
   - **Other name(s):**

2. **Home Address:**
   - **Postcode:**

3. **Telephone:**
   - **Daytime:**
   - **Mobile:**
   - **Evening:**

4. **Email Address:**
   *[please give as many contact details as possible in case we need to contact you]*

## Part 2 – Collection Details

5. **Name of charity:**

6. **Purpose of collection:**

7. **Parish/Town to which account relates:**

8. **Date of Street Collection:**

9. **Permit Number:**
ALL AMOUNTS TO BE ENTERED GROSS

If nil return please tick [ ] and state reason:

<table>
<thead>
<tr>
<th>Proceeds of Collection (A)</th>
<th>Expenses and Application of Proceeds (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
</tr>
<tr>
<td>From Collectors, as in list of collectors and amounts attached hereto</td>
<td></td>
</tr>
<tr>
<td>Bank Interest</td>
<td></td>
</tr>
<tr>
<td>Other Items (if any):</td>
<td></td>
</tr>
<tr>
<td>Collecting Boxes</td>
<td></td>
</tr>
<tr>
<td>Emblems</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Items (if any)</td>
<td></td>
</tr>
<tr>
<td>Disposal of balance (insert particulars)</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Column A must equal total of Column B**

I certify that to the best of my knowledge and belief that the above is a true account of the expenses, proceeds and application of the proceeds of the collection to which it relates.

Date

Signature

**CERTIFICATE OF AUDITOR**

I certify that I have obtained all the information and explanations required by me as auditor and that the above is in my opinion a true account of the expenses, proceeds and application of the proceeds of the collection to which it related.

Name

Address

Date

Signature

Profession/Occupation: Qualifications:

As per the Street Collection Guidance notes the following items are required to be submitted with this statement of return:

- A list of the collectors
- A list of the amounts in each box
- A newspaper cutting detailing the name of the promoter, the area for the collection and the date of the collection, the amount collected and the amount of the expenses

Condition 16(1)b

Condition 16(1)c

Condition 16(2)