



COMMITTEE of MANAGEMENT Registration & Return

COMMITTEE of MANAGEMENT of _____

Date of AGM _____

PRESIDENT:

Postal Address:

Email:

Home phone #

Mobile #

VICE PRESIDENT
(If applicable)

Postal Address:

Email:

Home phone #

Mobile #

SECRETARY:

Postal Address:

Email:

Home phone #

Mobile #

TREASURER:

Postal Address:

Email:

Home phone #

Mobile #

COMMITTEE:

COMMITTEE of MANAGEMENT of _____

User / User Groups	Use

Yearly number of visitors (if applicable) _____
 (Estimate)

SOCIAL MEDIA ACCOUNTS (e.g. Facebook, Twitter, Instagram)	



COMMITTEE of MANAGEMENT of _____

AUDITOR (if appointed): _____

FINANCIAL RETURN for YEAR ENDING 30th JUNE,

<u>INCOME</u>	<u>AMOUNT</u>	<u>GST charged</u>
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
TOTAL INCOME	\$	\$

<u>EXPENDITURE</u>	<u>AMOUNT</u>	<u>GST</u>
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
TOTAL EXPENDITURE	\$	\$

RESULT FOR THE YEAR – PROFIT / LOSS _____



COMMITTEE of MANAGEMENT of _____

Bank balance per bank statement 30/06/.....	A	\$
Add outstanding deposits	B	\$
Less unpresented cheques	C	\$
Balance of funds available as at 30/06/.....	(A+B+C)	\$
Investments (Term Deposits) as at 30/06/.....		\$

BANK DETAILS - Name: _____ **Branch:** _____

Please list all the Committee accounts, including Term Deposits (use separate sheet if required).

Title of Account: _____

Account # _____

Title of Account: _____

Account # _____

BANK DETAILS - Name: _____ **Branch:** _____

Title of Account: _____

Account # _____

Title of Account: _____

Account # _____

Signature/s: _____

President

Secretary

Personal Information collected by the Council will be treated as per the Council's Privacy Management Plan and the *Privacy and Personal Information Protection Act 1998*.

This return should be completed and submitted to the Council NO LATER THAN THE 14th JULY each year.

Post: The General Manager, Berrigan Shire Council, 56 Chanter Street, Berrigan NSW 2712

Email: mail@berriganshire.nsw.gov.au

Fax: 03 5885 2092

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