## TO BE COMPLETED FOLLOWING THE COLLECTION



# **Street Collection Permit**

Proceeds Statement Form

Your Permit Number	Your	Permit	t Num	ber
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Name of person to whom the permit was granted	
Address of person to whom the permit was granted	
Name of the charity or fund which is to benefit	
Date of collection	

#### Show nil entries

Proceeds of	Amount	Total	Expenses and	Amount	Total
Collection	n indire i otali		Application		
From Collecting Boxes			Printing and Stationery		
			Postage		
			Advertising		
Interest on proceeds			Collecting Boxes		
			Badges		
Other items			Emblems		
			Other items:-		
			Payments approved under		
			Regulation 15(2)		
			Disposal of Balance		
			(insert particulars)		
TOTAL £			TOTAL	£	

#### Certificate of the person to whom the permit was granted

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

Date ...... (Signed) .....

### **Certificate of accountant/Auditor**

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

Date	(Signed)
Qualification	