TO BE COMPLETED FOLLOWING THE COLLECTION



Street Collection Permit

Proceeds Statement Form

| Your Permit Number | Your | Permit | t Num | ber |
|--------------------|------|--------|-------|-----|
|--------------------|------|--------|-------|-----|

| 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 | |