health+wellbeing

Queensland

SERVICE AGREEMENT - Funding and Service Details

Health and Wellbeing Queensland

Annexure A FINANCIAL REPORT FORM

Organisation:	
Service Provider:	
Project Name:	

Please tick the period relevant to this financial report

1 July to 31 December 20

1 January to 30 June 20

ABN:			Effective from:	
GST Status:	Registered	(please tick)	Effective from:	
	Not Registered	(please tick)		

An income and expenditure report from an Accounting Package (e.g. MYOB/ QuickBooks) should be submitted identifying income and expenditure under your organisations chart of accounts. Please ensure that operating and one-off income and expenditure are clearly and separately identified. Please provide reasons for any over or underspend identified.

Annual Allocation	Actual Income to Date				
\$	\$				
	\$				
	\$				
	ې 				
	Ś				
	Ŧ				
	\$				
Forecast Budget for	Actual Expenditure for				
Financial Year to Date	Financial Year to Date				
Direct Expenditure e.g. Labour and on-costs, advertising and marketing, service/program related					
ļ					
ļ					
Ť	\$				
Indirect Expenditure e.g. administration, other operating					
ļ					
ļ					
\$	\$				
L	\$				
	\$				
	\$				
	\$ Forecast Budget for Financial Year to Date g and marketing, service/program relat				