

Office: .....

Date: ...../...../.....

Time: .....

Name: .....

## Living With Flying-Foxes Grants Payment Request Form

### APPLICANT/S DETAILS

Name:	
Company Name:	
GST Registered:	<input type="checkbox"/> Yes ► ABN: _____ <input type="checkbox"/> No
Postal Address:	
Contact number:	
Email:	

### GRANT DETAILS

Payment type	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Special circumstances - Upfront payment
Total grant amount	\$ (Excluding GST) (for a business) \$ (Including GST) (for an individual)
Acquittal form attached?	<input type="checkbox"/> Yes - Attached <input type="checkbox"/> No – To be provided by due date provided in grant approval

### BANK ACCOUNT DETAILS

Bank name:	
Account name:	
BSB:	Account Number:

### DECLARATION

<input type="checkbox"/>	The information I have provided is true, accurate and complete. In understand that providing incorrect or incomplete information may result in delays or impacts to payment processing.
<input type="checkbox"/>	I authorise the use of these details for the purpose for which they have been collected.

Name:	
Signature:	Date:

Gladstone Regional Council is collecting your personal information to process your Payment Request Form for the purpose of administering the Living with Flying foxes Grant Program. The information collected will be entered into Gladstone Regional Council's names and address database and may be used for any necessary Council business. The information will only be accessed by authorised Council employees. This information will not be given to any other person or agency unless you have given us permission, or we are required by law.