

**MOSMAN HERITAGE ASSISTANCE FUND
CLAIM FOR PAYMENT FORM**

Please refer to the conditions of your Agreement for Financial Assistance before completing this form.

APPLICANT DETAILS

Name of applicant:	
Applicant's postal address:	

CLAIM FOR FUNDS

Project address:	
Work carried out:	
Name of person(s)/company(ies) who carried out the work	
Actual cost of the works:	
Exclusive of GST:
GST component:
Total:
Note: Invoices and/or receipts are to be attached to this form and are to clearly state all the above claim details. Originals will be returned upon request.	

SIGNATURE OF APPLICANT FOR CLAIM

..... Signature Print name Capacity (eg owner) Date
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PAYMENT DETAILS FOR BANK TRANSFER

Account Name:
BSB:
Account Number:

For all enquiries please call Joe Vertel on 9978 4214 or Evan Matthews on 9978 4154.

Address all correspondence to:

GENERAL MANAGER
PO BOX 211
SPIT JUNCTION 2088