**FINANCIAL REPORTING STATEMENT - FUNDRAISING ACTIVITY – HEALTHY HIPS CHALLENGE**

**DETAILS OF FUNDRAISER**

**Name:**

**Address:**

**Telephone number:**

**Email:**

**Money raised on behalf of:** Healthy Hips Australia Ltd [ABN: 75 605 680 411]

**DONATIONS RECEIVED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **EMAIL** | **AMOUNT** | **DATE** | **Y/N to receive HHA newsletter** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Date proceeds were transferred to the licence holders nominated bank account:

 \_\_\_\_/ \_\_\_\_/\_\_\_\_

DECLARATION I certify that the above monies were banked and the expenses incurred are true and correct.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/ \_\_\_\_/\_\_\_\_

**This statement must be returned within 30 days of the conclusion of your fundraising activity.**