

BABERGH & MID SUFFOLK DISTRICT COUNCILS STREET COLLECTION RETURN FORM

FORM OF STATEMENT

TO BE SUBMITTED WITHIN ONE MONTH AFTER DATE OF COLLECTION

•••

Please remember to show 'nil' entries

Proceeds of Collection	Amount	Expenses and Application of Proceeds	Amount	Total
Total from collecting box(es) (see attached list)		Printing and Stationery		
Interest on proceeds		Postage		
		Advertising		
		Collecting Boxes		
		Badges		
		Emblems		
Other items:		Other items:		
		Payments approved under Regulation 15(2)		
		Disposal of Balance (insert particulars)		
TOTAL £		TOTAL £		

Name of collectors	number (if more each box colle		Date collected (if collection takes place on various dates)	
			,	
	TOTAL AMOUNT:			
Certific	cate of the perso	n to whom the perr	nit was granted:	
I certify that to the be expenses and applica			a true account of the proceed	s,
Print full name:				
Signed:		Date:		
	Certific	cate of Accountant:		
			quired by me and that the above oplication of the proceeds of the	
Name:		Date:		
Company name:		Signed:		
Qualification:				
Details of the I	newspaper publi	cation (or attach th	e newspaper article(s)):	