

Financial Statement for Street Collections

Permit Holder :

Address: _____

Name of the Charity/Fund which the collection will go to: _____ Date of the Collection: _____

Fill in all areas where there is no income or expense against any item - write 'NIL'

Income	Amount	Total	Expenses	Amount	Total
From collection boxes Bank interest on collection			Printing and StationeryPostageAdvertisingCollecting BoxesBadgesEmblems		
Other items:			Other items :		
			Payments approved under Regulation 15 (2)		
			Amount given to Charity/Fund (Insert particulars)		
TOTAL			TOTAL		
£			£		

Statement by Permit Holder

To the best of my knowledge and belief the above is a true account of the income, expenses and balance of the collection given to the Charity/Fund.

Dated _____

Signed	

Statement by Accountant

I have obtained all the information and explanations required by me and the above is in my opinion a true account of the income, expenses and balance of the collection given to the Charity/Fund.

Dated _____ Signed _____

Qualifications _____

This Return when complete should be sent to:

Regulatory Services, High Peak Borough Council, Town Hall, Buxton, Derbyshire, SK17 6EL Phone 0845 129 77 77 Fax 01298 27639 Minicom 0845 129 48 76 E-mail customer-services@highpeak.gov.uk Website <u>www.highpeak.gov.uk</u> Mobile Text No 078 000 2262