**CERTIFICATE OF EXPENDITURE**

**Specialist Disability Support in Schools Program**

**Specialised Equipment**

**Name of Funded Organisation:**

**Expenditure Year:**

**STATEMENT OF FUNDING EXPENDITURE** please complete each cell

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funding Type as per Attachment 1 of your Service Agreement** | **Amount Granted** | **One-Off Funding Granted in the Expenditure Year** | **Approved Reallocation Amount\*****(+/-)** | **Total SDSS Expenditure** **excl GST** **(Amounts in this column must be equal to or less than the SDSS funding Amount Granted)**  | **Unutilised SDSS Funds\*** |
| Specialised Equipment Items | $000.00 | $000.00 | $000.00 | $000.00 | $000.00 |
| Administration | $000.00 | $000.00 | $000.00 | $000.00 | $000.00 |
| Other Expenses | $000.00 | $000.00 | $000.00 | $000.00 | $000.00 |
| **Total (excluding GST)** | **$000.00** | **$000.00** | **$000.00** | **$000.00** | **$000.00** |

**\* NOTES**

**Approved Reallocation Amount: Any Reallocations of Funding for the Expenditure Year must be approved by the SDSS Team prior to the completion and submission of this Certificate of Expenditure. The approved reallocation amounts are required in the above table and must be identified as an addition or deduction to the relevant Funding Type.**

**Unutilised SDSS Funds: This column must not contain negative figures. The adjacent column for Total SDSS Expenditure should only show how much was expended of the SDSS funding that was granted. Any Unutilised SDSS Funds must be refunded to the Department prior to your next payment. An invoice will be issued to your organisation to recoup the Unutilised SDSS Funds.**

|  |
| --- |
| **Funding Received and Money Earned in the Expenditure Year**\* |
| SDSS Funding Received  | $000.00 |
| Money from Interest Earned | $000.00 |
| Money from SDSS Services (Fees etc) | $000.00 |
| **Total Funding (excluding GST)** | **$000.00** |
| \* You must use and deal with any money earned from interest on the Funding or the operation of the Services as if the money was part of the Funding provided to You. |

**CERTIFICATION**

I, the Authorised Officer undersigned, certify that the expenditure information for each of the separately reported SDSS Funding Categories attached is a true and accurate record of the financial transactions in relation to the SDSS Program (School Support Services) and that the funds have been applied for the purpose(s) detailed in the approved Service Agreement.

**Authorised Officer (person in authority nominated by Your organisation. The signing authority cannot be the project manager or coordinator)**

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name (printed):** |  |
| **Position:** |  |
| **Date:** |  |
| **Witness**Name: |  | Signature: |  | Date: |  |

(Please print)