

## CERTIFIED STATEMENT OF ACCOUNTS

Name & Address of person to whom permit issued by licensing Authority

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Name of the charity or fund which is to benefit.....

Date of the collection.....

Type of permit granted **Street Collection Permit**

Permit Number.....

*Please show all nil entries*

Proceeds of Collection	Amount	Total	Expenses & Application of Proceeds	Amount	Total
From Collecting boxes			Printing & stationary		
			Postage		
Interest on proceeds			Advertising		
			Collecting boxes		
Other items			Badges		
.....			Emblems		
.....			Other Items		
			.....		
			Payments approved Under Regulation 15 (2) of Street Collection Regulations		
			Disposal of Balance (insert particulars)		
<b>Total</b> <b>£</b>			<b>Total</b> <b>£</b>		

**Certificate of the person to whom the permit was granted**

I certify that to the best of my knowledge and belief the above is a true account of the proceeds, expenses and application of the proceeds of the collection.

.....	.....	.....
Signed	Position in Society	Date

**Certificate of Accountant**

I certify that I have obtained all the information and explanations required by me and that the above is in my opinion a true account of the proceeds, expenses and application of the proceeds of the collection.

.....	.....	.....
Signed	Qualification	Date

Full name & Business Address.....