

ST ANDREWS FAMILY TRUST

Accountability Report

Date:		
Organisation/Church Name:		
Project:		
Project completed/ongoing (c	ircle one)	
Project Outcomes:		
Amount Granted:		
Monies spent:	Budgeted	Actual
item	buugeteu	Actual
Total spent		
If all Grant monies are not spe	nt, do you plan to return the m	onies? Yes/No
·	ation like to use the money for	? (Please note, the Trust will
let you know whether this is p	ermissible).	
Form completed by:		
Position in Organisation		··
_	Email:	
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