

Business Innovation Grant

Grant Acquittal

Contact Details	
Name of Organisation	
Address for Correspondence	
Contact Name	
Contact Number	
Email	L AT
ABN *Please note that a claim cannot be made without a valid ABN	
Claim Year *If your organisation is registered for GST a compliant tax invoice must accompany this form, claiming the grant value plus 10% GST	
× ×	
Claim Details (Please provide a summary of the project and amount being claimed)	
(i lease provide a summary or the pro-	geot and amount being claimed)
SIGNED POSITION	
DATE	

*Please ensure copies of invoices and receipts are attached, demonstrating expenditure on the project or event, along with photographs of the completed project.

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