

SCHEDULE

FORM OF ACCOUNT OF EXPENSES, PROCEEDS AND APPLICATION OF PROCEEDS OF COLLECTION OF MONEY

Name and address of Promoter				
T TOTAL CONTROL CONTRO				
Name of organisation responsible for the colle	ction or sale			
Name of the Charity or Fund which is to bene	fit			
Object of collection or sale				
Date of collection or sale				
All amounts to	be entered GROS	S. Show nil entries.		
Proceeds of collection		Expenses and application of pro	ceeds	
From street collection or sale as per list of collectors and vendors and amounts attached hereto	£ p	Printing and stationery Postage	£	р
		Other items (if any) including travelling and other expenses. Payments approved under regulation 15(2) Disposal of balance (insert particulars)		
Total		Total		
CERTIFICATE OF CHIEF PROMOTER I certify that to the best of my knowledge and belief the above is a true account of the expenses, proceeds and application of the proceeds of the street collection to which it relates.				
Date	Signed			
CERTIFICATE OF AUDITOR I certify that I have ob and that the above is, in my opinion, a true accollection to which it relates.				
Date	Signed			
Qualifications				
A STATE WEINT IN THIS FURIN WUS	DE CONFLETED	AND FORWARDED TO MISS C PINNOCK,		

DEMOCRATIC SERVICES, RUNNYMEDE BOROUGH COUNCIL, RUNNYMEDE CIVIC CENTRE, STATION ROAD, ADDLESTONE, SURREY, KT15 2AH.

WITHIN ONE MONTH OF THE DATE OF THE COLLECTION

The Council may be statutorily required to supply any information you provide, to other bodies exercising functions of a public nature, for the prevention and detection of fraud or other illegal activity. For further information, please see www.runnymede.gov.uk/DataMatching