

Community Barbeque 2023/2024

Part B: Rebate Claim Form

Information on the Community Barbeque rebate is available on the City website Growing Our Neighbourhoods – Community Barbeque Rebate Guidelines and Information.

Please complete this Community Barbeque Rebate Claim Form to the City of Armadale along with:

1. A copy of the invoice/s or receipt/s within 1 month of the receipt date.
2. Proof of address within the City of Armadale (utility bill, rates notice etc.).
3. Photo as evidence of the activity.

Eligibility:

To be eligible for the Rebate, you must be a resident of the City of Armadale and meet the following conditions:

1. Your event was registered with the City of Armadale at least 2 weeks beforehand.
2. Your event was alcohol-free.
3. Your event was held within the City of Armadale on public property, e.g. park, street verge, playground.
4. Your neighbours were invited.
5. A minimum of 5 people attended.
6. You complete this form and provide supporting receipts to the City of Armadale within one month of the event.
7. No rebates have already been provided for your street this financial year.
8. The City's budget for this program has not yet been fully expended for this financial year.

Where to send your Rebate Claim Form

Email forms to City of Armadale: info@armadale.wa.gov.au

Mail to: City of Armadale Community Development Locked Bag 2 Armadale, WA 6992

In person to: City of Armadale Administration Centre 7 Orchard Avenue, Armadale 6112

Business hours: 8.15am - 4.45pm, Monday - Friday

Confirmation and Payment

1. The City will review your application and advise you via email of the outcome of your application.
2. Funds will be transferred electronically as per the completed EFT form.



Applicant Details			
Applicant Name:			
Address:			
	Suburb:		Postcode:
Contact Number:			
Email:			

Description of Event:			
Number of participants:			
Activity Date:		Location:	
Would you like more information about becoming a Community Champion?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration and Checklist			
<input type="checkbox"/> I confirm the activity met the conditions as per the application. <input type="checkbox"/> I have attached copies of the invoice/s or receipt/s. <input type="checkbox"/> I have attached a photo as evidence of the activity. <input type="checkbox"/> I have completed the EFT form.			
Name:			
Signature:		Date:	

Electronic Funds Transfer Form (EFT)

Office Use Only- COA Finance

Creditor No:

Electronic Fund Transfer (EFT) is the City's preferred method of payment. Funds will be deposited directly to your nominated bank account. A description will appear in on your bank statement to identify the payment . If there any changes to your banking details please let City- Finance department know immediately.

The City of Armadale will not be held responsible for any delays or errors in payment due to the factors out of the City's control (including but not limited to those resulting from banking industry systems).

Trading name:	
Full Name:	(Surname) (Given Name(s))
Address:	
ABN:	Contact No:
Email for remittance advices:	
Reason of the Payment :	

Banking details

BSB:	Account number:
Bank name and branch:	
Account name:	

Declaration: I/We hereby acknowledge and accept the conditions of EFT as stated in this application

Signature (Authorised Signature):	Date
Company/Individual Name:	
Job title:	

OFFICE USE ONLY

Requesting COA Officer to complete (Indicate applicable funds/section to which this application refers)

Bonds Rates Other (please specify)..... NAR No:

If Bond- Category No & Trust ID:/..... HPE Content Manager No:

If Rates- Assessment No: Other Details:

Notes:

Requesting COA Officer Name: **Signature & Date :**

Requesting COA Supervisor/Manager Name : **Signature & Date :**

Finance Department: Checked/Updated- Officer Name and Signature:

