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**YOUTH GRANT CLAIMS FORM**

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| You will need to claim the money back for your project by 31 March 2022 – except if you apply for an extension because of special circumstances. When sending your receipt/invoice to Deaf Children Australia, please fill out and attach this form. |
| **NAME** |       |
| **AMOUNT GRANTED** | $      |  |
| 1. How much are you claiming?
 | $      |  |
| **Please ensure that the cost does not exceed the amount Deaf Children Australia approved for you.** |
| 1. How do you want the payment to be made?
 |
| [ ]  By Electronic Funds Transfer (EFT) – please complete question 3 |
| [ ]  By cheque – please complete question 4 |
| 1. **If claiming by EFT:**
 |
| 1. Bank:
 |       |  |
| 1. BSB:
 |       |  |
| 1. Account number:
 |       |  |
| 1. Name on account:
 |       |  |
| 1. **If claiming by cheque:**
 |
| Who do you want the cheque to be made out to? |
| 1. Name of payee:
 |       |
| To who and where do you want the cheque sent? |
| 1. Name
 |  |
| 1. Street Address
 |  |
| 1. Suburb
 |  | 1. Postcode
 |  |

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| Please note that EFT payments are made on Thursdays. Please make sure you have attached a receipt/invoice to this form and forward it to:Youth Grants Deaf Children AustraliaPO Box 6466 Melbourne 8008E: youth.grants@deafchildren.org.auP: 03 9539 5300**OFFICE USE ONLY:** Date Received**:** Date Paid by Accounts**:** Date report required by**:** |