**A picture containing drawing, fireworks, clock

Description automatically generated**

**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 Australia  PO Box 6466 Melbourne 8008  E: [youth.grants@deafchildren.org.au](mailto:youth.grants@deafchildren.org.au)  P: 03 9539 5300  **OFFICE USE ONLY:**  Date Received**:**  Date Paid by Accounts**:**  Date report required by**:** |