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## COMMUNITY AFFAIRS RESOURCING MANAGEMENT AGREEMENT CLAIM FOR REIMBURSEMENT

Invoice to: Outback Areas Community Development Trust  
PO Box 2353  
Port Augusta SA 5700

From: .....

.....

ABN: .....

This/these reimbursement/s relates to the delivery of the following community service (please tick appropriate box):

Street lights

Town maintenance                      Period of claim: From date.../.../... to .../.../...

Please complete description of work carried out: (Please include details of hours per week, wages per hour, equipment hire and any other costs)

.....  
.....  
.....

Total amount sought:     \$.....

Community newsletter                      Period of claim: From date.../.../... to .../.../...

Please complete description of costs:

Photocopying: \$

Toner \$

Paper costs \$

Other Stationery: \$

How often is newsletter produced: Weekly/ Monthly/ Quarterly:

Town Water Supply                      Period of claim: From date.../.../... to .../.../...

Please complete description of work carried out

Duties : .....

.....

Total cost for the year: \$

Form 2

Airstrip maintenance

Please complete description of work carried out:

Period of claim: From date.../.../... to .../.../...

Duties:

Hours per week:

Wage per hour:

Total cost for the year:

Other costs

Equipment Hire:

Waste Management

Please complete description of work carried out ( Subsidy does not apply to Private Waste Management work , work of Community benefit only)

Period of claim: From date.../.../... to .../.../...

Duties :

Hours per week:

Wage per hour:

Total cost for the year:

Other costs

Equipment Hire:

**Value of attached paid invoices (ex GST):** \$.....

I hereby certify that the above costs were actually and necessarily incurred in carrying out municipal services at the above named community and that these expenses have not previously been reimbursed by the Outback Areas Community Development Trust.

Name: .....

Signature: .....

Position held: .....

Date: .....

TRUST USE ONLY

Date Community Affairs Resourcing Management Agreement signed:

PAYEE: .....

DEBIT CODE: .....

Amount Payable: \$.....

Certified correct: .....

Approved for payment: ..... (Manager)