SOUTH OXFORDSHIRE DISTRICT COUNCIL

**STREET COLLECTION – RETURNS FORM**

Name of the person to whom the permit was granted: ………………………………………………

Address of the person to whom the permit was granted: ……………………………………………

………………………………………………………………………………………………………………

Name of the charity or fund which is to benefit: ………………………………………………………

Date of Collection: ………………………Permit No. ……………..

# SHOW NIL ENTRIES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Proceeds of Collection** | **Amount** | **Total** | **Expenses & Application of Proceeds** | **Amount** | **Total** |
| From collecting boxes |  |  | Printing and stationery |  |  |
|  |  |  | Postage |  |  |
| Interest on proceeds |  |  | Advertising |  |  |
|  |  |  | Collecting boxes |  |  |
| Sale of goods |  |  | Badges/emblems |  |  |
|  |  |  | Other items: |  |  |
| Other items: |  |  | Payments approved under Regulation 15(2) |  |  |
|  |  |  | Disposal of balance(insert particulars) |  |  |
| TOTAL £ |  |  | TOTAL £ |  |  |

|  |
| --- |
| **Certificate of the person to whom the permit was granted** |
| I certify that to the best of my knowledge and belief the above is a true account of the proceeds, expenses and application of the proceeds of the collection |
| Signed |  | Dated |  |

|  |
| --- |
| **Certificate of accountant** |
| I certify that I have obtained all the information and explanations required by me and that the above is in my opinion a true account of the proceeds, expenses and application of the proceeds of the collection |
| Signed |  | Dated |  |
| Full name |  | Qualification |  |

NB For the purposes of this form a **qualified** **accountant** means a member of one or more of the following bodies: the Institute of Chartered Accountants in England and Wales, the Institute of Chartered Accountants of Scotland, the Association of Certified Accountants, or the Institute of Chartered Accountants in Ireland.