# Form 4: *Financial Statement Audit*

[*council*] **DISASTER RECOVERY EXPENSES DURING THE** [*financial year*] **FINANCIAL YEAR**

|  |  |
| --- | --- |
| Event Name(s) | *Detail as per formal approval correspondence.* |
| Date(s) Event(s) Occurred | *Detail as per formal approval correspondence.* |
| Date of Claim Approval(s) | *Date/s of Ministerial approval.* |
| Approved Eligible Measure(s) | *Detail as per Ministerial approval. (eg: Undertake reconstruction of minor roads and associated drainage in region X)* |
| Total Expenses Incurred in undertaking eligible measures in Financial Year | $X. *This amount must be reconcilable to total actual expenses incurred to date as detailed in payment claims submitted by the council.*   |

I certify the above stated expenditure by the [*council*] is correct and conforms to the State Government’s Local Government Disaster Assistance Guidelines.

***Signature***

**Chief Executive, [Council]**

**Date**

**Audit Opinion**

In my opinion:

1. the reported expenditure is based on proper accounts and records, and fairly presents the relevant expenditures by [*council*]; and
2. the reported expenditures by [*council*] are only in respect of approved ‘eligible measures’ undertaken in response to the above mentioned disaster event(s) and conform with the State Government’s Local Government Disaster Assistance Guidelines.

**Name of Auditor**

**Position**

**Organisation**

**Signature**

**Date**