# Form 5: *Confirmation of project completion*

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| --- | --- |
| Event Name | *Detail as per formal approval correspondence.* |
| Council | *Detail as per formal approval correspondence.* |
|  |  |
| Date Reconstruction Completed |  |
| Actual Expenses Incurred | *$x Total expense (should reconcile to annual audited statements)* |
| Actual Amount Reimbursed by Government | *Should reconcile to final payment schedule provided by the Department of Treasury and Finance* |
|  |  |
| Chief Executive Sign‑ Off | [Name of Chief Executive] |
| Contact Details | [Date]  Name of Officer:  Position:  Phone:  Email: |