



TO BE RETAINED BY CONTACT PERSON FOR FINANCIAL ASSISTANCE.

This form is to be completed for all financial assistance given by a branch. Please staple additional pages/request form if required. The completed document is to be retained by the branch for one financial year after the financial year in which the assistance to this person was completed, then commercially shredded.

Record of Financial Assistance (Request form attached)

Approved By Office Bearers: _____ Date: _____

_____ Date: _____

Client Number: _____

Assistance Provided – Receipts or Account Copy must be attached before reimbursement is paid. Branches to decide which of the following they will assist with and record this in their minutes.

Date	Item	Amount	Receipt Attached (Office Bearer Initials)	Notes
	Pharmacy – cancer related			
	Community Transport			
	Train Transport			
	Air Transport			
	Fuel			
	Accommodation (not including Can Assist accommodation facilities)			
	Pre-determined Kms			
	Car repairs / registration			
	Rent/Mortgage			
	Council rates			
	Electricity			
	Gas			
	Telephone			
	Funeral			
	Food / Special Diet			
	Wigs/Prostheses			
	Other: Specify			
	Other: Specify			
	Other: Specify			

Note: The Board recommends that financial year assistance to each person is limited to \$3,000 (not including payments to Can Assist accommodation facilities). Approval for further assistance above this amount is to be recorded in the branch meeting minutes. This is to ensure that funds are distributed in a fair and equitable manner across Can Assist.