



**FINANCIAL STATEMENT AUDIT REPORT – CAPITAL GRANT:**  
**Year: 20\_\_\_\_**  
**FORM 7**

This form should be completed by student hostels and returned to Department of Education. Please refer to the Important Dates calendar within the Hostel Assistance Kit for submission deadlines.

**FINANCIAL STATEMENT AND AUDIT REPORT**

Name of hostel:

Address of hostel:

Telephone number: \_\_\_\_\_

Date of funding offer: \_\_\_\_/\_\_\_\_/\_\_\_\_

I \_\_\_\_\_ Full name

of \_\_\_\_\_ and address  
of Accountant

do hereby certify that I have examined the books and financial documents of the above hostel in relation to the following approved project:

<b>BRIEF DESCRIPTION OF PROJECT:</b>
«Project»

I have satisfied myself that:

1. The approved project has reached practical completion
2. The total amount expended on the approved project was
3. The hostel contribution towards the project was
4. SHSS Capital Grant funding for the project was
5. Other sources of funding (Please list below)

\$
\$
\$

<b>DESCRIPTION OF OTHER FUNDING SOURCE/S</b>	<b>AMOUNT</b>
	\$
	\$
	\$

6. An amount equal to the total of SHSS Capital Grant funding has been expended on the approved project.

DEPARTMENT OF EDUCATION  
STUDENT HOSTEL SUPPORT SCHEME (SHSS)

7. The project has been insured (all normal risks) during construction and the new/refurbished facility has been insured to the full value.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Accountant's qualifications \*\*: \_\_\_\_\_

\*\* The accountant should not be a member of the hostel committee of management.

The accountant should hold one of the following qualifications:

- (a) registration as a company auditor or a public accountant under a law in force in the State of Queensland;
- (b) membership of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants, or Institute of Public Accountants; or
- (c) a person approved by The Department of Education (the Department will usually recognise a person approved by the Office of Fair Trading for auditing of Incorporated Association accounts).

**HOSTEL CERTIFICATION**

I hereby certify that the approved project has been completed and that funds provided under the SHSS Capital Grant program have been applied solely towards the cost of that project.

\_\_\_\_\_  
Approved authority signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE RETURN TO:** Finance Officer

Email: [hostels.finance@qed.qld.gov.au](mailto:hostels.finance@qed.qld.gov.au)

**PLEASE RETAIN A COPY OF THIS REPORT FOR YOUR RECORDS**