

Central Queensland Indigenous Development Ltd
COMMUNITY SPONSORSHIP ACQUITTAL FORM



This form is to be completed at the conclusion of the CQID sponsored activity and submitted by Managers as part of monthly reporting.

Name of Activity: [Click here to enter text.](#) **Date of Activity:** [Click here to enter text.](#)

Date: [Click here to enter text.](#) **Who is completing the form?:** [Click here to enter text.](#)

Description of Support provided by CQID – cash and in-kind:

(What was done with the support?)

[Click here to enter text.](#)

Value of support provided by CQID:

Cash	In-Kind	Total
\$ Click here to enter text.	\$ Click here to enter text.	\$ Click here to enter text.

Describe how the activity aligned to CQID sponsorship priorities:

[Click here to enter text.](#)

Describe how the community benefited:

[Click here to enter text.](#)

Describe how CQID benefited:

[Click here to enter text.](#)

Additional comments:

[Click here to enter text.](#)