

# Application for trust funds

www.waikatodhb.health.nz/wht



Name of applicant _____
Institution / division _____
Phone number _____

I/we wish to apply for a grant from the Waikato Health Trust as follows:
Amount requested (\$NZ, GST excl) _____
Purpose for which funds will be used (Use attachments if preferred)
_____
_____
From which Charitable Trust fund (State number and title*) _____
_____

Applicant's signature _____	Date: _____
Authorising signatures:	
Signature 1: _____	Date: _____
Name: _____	Position held: _____
Signature 2: _____	Date: _____
Name: _____	Position held: _____
Contact Trust Administration (Phone 07 839 8899 Ext 97636) if you want information on who can authorise your application.	
Email: <del>treasury@waikatodhb.health.nz</del> <a href="mailto:Healthtrust@waikatodhb.health.nz">Healthtrust@waikatodhb.health.nz</a>	

<b>To be completed by Trust administration</b>
Funds available <input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____
Amount approved (\$NZ) _____    Signed _____
Purpose approved _____
Trust Fund account code _____
A copy of this application will be returned to confirm approval. When received, expenditure may occur through your organisation.

\* A schedule of accounts is available on the intranet under the Waikato Health Trust.

PLEASE ENSURE YOU HAVE READ THE TRUST GUIDELINES BEFORE SUBMITTING YOUR APPLICATION.