Grant Application

The Poppy Foundation of Auckland Trust

Applicant Details

RSA/Organisation Name:		**Date Submitted:**	
Applicant Name:	**First Name**	**Surname**	
Residential Address:			
Contact Email:		**Member Type:**	
Contact Phone:		**Member Number:**	
Bank Details: *(To be paid by participating RSA/organisation)*	**Bank Account**	**VA Number:**	
	Bank Account Name	**Service Number:**	

Claim Details

Date of Visit	Type of Expense	Amount Charged	Approved
Welfare / Treatment Expenses Total:		**$**	**$**

** I confirm the above expenses have not been claimed from any other RSA or organisation*
**I understand this form will be submitted to PFT for review if approved payment is made to the participating RSA*
** I understand and agree to being contacted to verify this claim for audit purposes*

Name _____ **Signature** _____

Name of the Applicant Signature of the Applicant

Date _____ _____ _____

DD *MM* *YY*