Charitable Trust Grant Distribution Receipt

Receipt No: _____ **Date:** _____

Trust Name: _____

Address: _____

RECIPIENT INFORMATION

Organization/Recipient Name: _____

Registered Address: _____

Tax Exempt/Registration ID: _____ **Contact No:** _____

DISTRIBUTION & PAYMENT DETAILS

Grant / Project Reference: _____

Amount (in Figures): _____ **Currency:** _____

Amount (in Words): _____

Payment Method: ☐ Check ☐ Bank Transfer ☐ Other: _____

Transaction/Check No: _____ **Bank Name:** _____

I, the undersigned, acting on behalf of the Recipient Organization, hereby acknowledge receipt of the aforementioned grant distribution from the Trust. I certify and agree that these funds will be used solely for the charitable purposes for which the grant was approved, and in compliance with all applicable laws, regulations, and governing agreements.

_____

AUTHORIZED REPRESENTATIVE SIGNATURE

Name: _____

Title: _____

Date: _____

_____

FOR & ON BEHALF OF THE TRUST

Name: _____

Title: _____

Date: _____

Please retain this document for your official financial and tax records.