

This report is only required if the Tour Itinerary has changed from the last Itinerary approved by Playing Australia.

Office Use Only - Date Received

	Date From	Date To	Bump-in Days	Bump-out days	Town	State	Venue Organisation	Venue	# Perf	Venue Confirm Rec'd	Capacity	% Attendance	Office Use Only ARIA Code
1	16-Nov-09	25-Nov-09	3.00	1.00	Canberra	ACT	Canberra Theatre	The Playhouse	11				
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
Total Number of Performances									11				

BUDGET FINALISATION REPORT

ID: PA /

Annexure C

CITY/TOWN												
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INITIAL AGREED NET TOURING COSTS (Eligible costs for use of grant monies)												
Travel Allowances												0
Transport Fares												0
Transport Freight												0
Accommodation												0
[A] TOTAL NET TOURING COSTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

FINAL NET TOURING COSTS (Eligible costs for use of grant monies)												
Travel Allowances												0
Transport Fares												0
Transport Freight												0
Accommodation												0
[B] TOTAL NET TOURING COSTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[A-B] PROPOSED REDUCTION IN GRANT M	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Following finalisation of tour arrangements the [INSERT RECIPIENT] confirms that:

the initial touring costs as outlined in the funding agreement will be fully incurred or exceeded and therefore the full grant amount for the final payment will be required to meet our obligations. OR

the initial touring costs as outlined in the funding agreement will be less than that initially budgeted for due to savings gained / adjustment to the itinerary (strike out as applicable) and there for request a reduction in the final payment commensurate with the adjusted costs.

Name:

Signature:

Position:

Date: