TRAINING DELIVERY SUPPORT GRANT  
2024 PURCHASING PLAN

**Please list proposed items, reason for purchase, estimated cost, actual expense and evidence of expenditure**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Item** | **Reason for purchase**  *(Please also identify where cost is part payment towards purchase of item)* | **Estimated cost** | **Actual expense incurred.**  *(Complete after purchase)* | **Evidence of expenditure**  *(i.e., receipts, invoices, or notes that show expenditure.)*  **Please attach if possible.** |
|  | *To be completed and submitted by 29 February 2024***.** | | | *To be completed and submitted by 31 January 2025.* | |
|  |  |  | *$* | *$* |  |
|  |  |  | *$* | *$* |  |
|  |  |  | *$* | *$* |  |
|  |  |  | *$* | *$* |  |
|  |  |  | *$* | *$* |  |
|  |  |  | *$* | *$* |  |
|  |  |  | *$* | *$* |  |
|  | **Total** |  | Total estimated cost  **$** | Total expenditure  **$** |  |
|  | **Amount funded by ACFEB** |  |  | **$5,500.00** |  |
|  | Unspent funds |  |  | Deduct total actual expenses from $5,500.00 |  |

Please upload any receipts/invoices/dockets as an attachment.

**Learn Local Representative**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Learn Local Organisation** |  |
| **Signature** |  |
| **Date** |  |

**Regional Manager Authorisation**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Region** |  |
| **Signature** |  |
| **Date** |  |

**Further Information**

**If you need to make any significant changes to your Purchase Plan after regional authorisation, please contact your Regional Manager.**