



United Hospitals Auxiliary of NSW Inc.

Gifts to Health Care Facility for F/Y 2022-2023 Ending 30/6/2023

This information is required to be returned to Head Office within 14 days of your Annual General Meeting

BRANCH DETAILS	
Branch Name	
UHA Region (eg Hunter)	
Name of Hospital or Health Facility	
Branch ABN (if applicable)	
ITEMS PURCHASED	VALUE (Excl. GST)
BRANCHES MUST NOT PAY FREIGHT OR GST ON GIFTED ITEMS	
1	
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TOTAL VALUE OF GIFTED ITEMS 1/7/2022 TO 30/6/2023: <i>This figure MUST agree with the amount shown for "Gifted" items (refer item No. 21 column A) on the Page 1 Statement of Receipts & Payments</i>	
Completed By: _____	Name: _____
Position: _____	Signature: _____
** THIS FORM IS TO BE RETURNED BEFORE: 31st AUGUST 2023	
TO: UHA OF NSW INC. LOCKED BAG 2030, ST LEONARDS NSW 1590 **	
E: uhaofnsw@gmail.com P: (02) 9926 4262 or (02) 9926 4263	