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| CEEDCooperative Education for Enterprise DevelopmentM050, 35 Stirling Highway, Crawley, WA, 6009T: 08 6488 3130F: 08 6488 7235E: CEED@uwa.edu.auWeb www.ceed.uwa.edu.auCRICOS Provider Code: 00126G |

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| --- | --- |
| **Expenses This Month** |  |
| **Urgent Issues** |  |

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| --- | --- |
| **CEED Project Monthly Report** | Insert Month |
| **Project No & Title:**  | 17/ |
| **Client** | Insert Text |
| **Student** | Insert name |

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| --- |
| **Project progress this month** |
| Enter Text |

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| --- |
| **Issues affecting progress** |
| Enter Text |

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| --- |
| **Expected progress next month** |
| Enter Text |

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| --- |
| **Issues that may affect progress next month** |
| Enter Text |

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| **Expenses incurred this month** |
| **$** |

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| --- |
| **Total expenses incurred during the project to date** |
| $ |

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| **Itemised list of expenses incurred this month** |
| In this box, provide an itemized list of all project expenses incurred during the month, stating the amount of each item and the reason for the expense. Please also indicate whether it was an expense paid for by the client, or incurred by UWA.If expenses have occurred:* attach copies of all receipts
* attach a copy of the written authorisation from the client covering the expenditure.

If no expenses have been incurred this month, simply enter “No expenses incurred this month” in this box.**Project Expense Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Expense Detail | UWA Amount | Client Amount | Approval and receipts attached Y/N |
|  |  |  |  |  |
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| **Signed** | **Date** |
|  |  |

**Recipient List**

* Academic Supervisor
* Client Mentor
* CEED Office (ceed@uwa.edu.au)
* Self