



LGA REQUEST FOR SAMPLING OVERSPEND APPROVAL

Name:	
LGA:	
Contact email:	
Contact phone:	

Financial year:			
Proportional spending allocation:	\$	Current level of spending (YTD):	\$
Amount of overspend requested:	\$	Date calculated:	
Reason for overspend:	(e.g. Participation in CSPs, Complaint/Outbreak investigation)		

LHAAC USE ONLY			
Approved by:		Approval date:	
Approver signature:			
Comments:			