

# UPPER GOULBURN LANDCARE NETWORK Chemical Subsidy Claim Form



**GOULBURN  
BROKEN**  
CATCHMENT  
MANAGEMENT  
AUTHORITY

Tax invoice/claim for reimbursement by Landholder- compliance with GST Legislation.  
Upper Goulburn Landcare Network ABN 55 438 965 796

Please ensure that **ALL DETAILS** are provided and that your claim is **SIGNED OFF BY A LANDCARE GROUP PRESIDENT. EVERY SECTION MUST BE COMPLETED. INCOMPLETE DETAILS WILL MEAN THAT YOUR CLAIM WILL NOT BE PROCESSED!**  
(any queries, please contact: Judy Watts [uglandcare@ugln.net](mailto:uglandcare@ugln.net))

Landholder Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Map Ref: \_\_\_\_\_ *Attach property map or aerial with weed areas marked* Phone \_\_\_\_\_ Email \_\_\_\_\_

Landholder ABN: \_\_\_\_\_ *(If Chemical is solely for private non-business use, no ABN is required, however, please complete the declaration)*

Name of Landcare Group: \_\_\_\_\_

and/or I have a signed Three Year Work agreement with \_\_\_\_\_ Blackberry Action Group YES/NO  
*All details are required to be completed to receive your claim*

## Non ABN Holder Declaration

I, \_\_\_\_\_ declare that the supply has been made to me as an individual, and the supply is wholly of a private or domestic nature.

Signed \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Details of Claim **ALL DETAILS MUST BE COMPLETED TO RECEIVE YOUR CLAIM**

Weeds Sprayed:  Blackberry  Gorse  Chilean Needle Grass  Broom  Serrated Tussock  Japanese Honeysuckle

Chemical/Quantity used \_\_\_\_\_

Area treated (Hectares) \_\_\_\_\_ Date(s) of treatment \_\_\_\_\_ Size of property (Hectares) \_\_\_\_\_

*(Subject to funding availability Landholders may claim 50% of total expenditure on chemicals, surfactants and dye markers up to a maximum of \$300 per annum for the treatment of the weeds listed above) Preference will be given to non - glyphosate treatment claims.*

Total expended \_\_\_\_\_

Subsidy claimed \_\_\_\_\_

### ***Please read carefully before signing:***

*I declare that this claim is for weeds treated on my property with the chemicals I have purchased and for the treatment of the area stated.*

*All work, using the chemicals claimed for, has been **completed prior to submission of this claim.***

*I have attached Invoices/Statements in support of my claim for reimbursement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*I certify that I have checked the claim and Invoices/Statements supplied. I am satisfied that the chemicals used are suitable for the treatment stated and the area stated. ***I am satisfied that, to the best of my knowledge, all work has been completed prior to this claim.****

Signed  
Landcare Group President \_\_\_\_\_

Date \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED TO RECEIVE YOUR CLAIM**

**Send completed form to: UGLN, P.O.Box 74 Yea 3717**

OFFICE USE: Chq No. \_\_\_\_\_ Date: \_\_\_\_\_ Nett \$ \_\_\_\_\_ GST \$ \_\_\_\_\_ Tot \$ \_\_\_\_\_