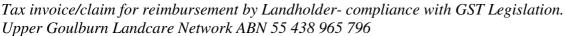
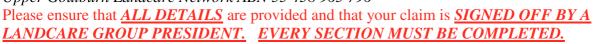
UPPER GOULBURN LANDCARE NETWORK

Chemical Subsidy Claim Form







<u>INCOMPLETE DETAILS WILL MEAN THAT YOUR CLAIM WILL NOT BE PROCESSE</u>
(any queries, please contact: Cat Thomas uglandcare@ugln.net 0418 655 474)

(any queries, pieuse contact. Out Inontas usunacare & usunact or 10 055 17 1)		
Landholder Name:		
Postal Address:		
Property Address:		
Map Ref: Attach property map or aerial with weed areas ma	rked 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		
Non ABN Holder Declaration I,		
Details of Claim ALL DETAILS MUST BE COMPLETED TO RECEIVE YOUR CLAIM Weeds Sprayed:Blackberry _ Gorse Chilean Needle GrassBroom St John's wortJapanese HoneysuckleHollyBriar Rose 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	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

Bank details for Reimbursement:	t: Account Name:	
	BSB:Account no:	