

UPPER GOULBURN LANDCARE NETWORK Chemical Subsidy Claim Form



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: Cat Thomas uglandcare@ugln.net 0418 655 474)

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 St John's wort Japanese Honeysuckle Holly Briar 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 _____ 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

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