



## PAYMENTS FOR CHEMICAL SUBSIDY

I \_\_\_\_\_, being a member of the GNRBA Inc claim for the expenses as detailed below.

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

### PAYMENT DETAILS

Sole Proprietor ABN \_\_\_\_\_

BSB \_\_\_\_\_ Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_

**(This claim is for CHEMICAL used on exclusively on the above named property)**

Claim for CHEMICAL \$ \_\_\_\_\_ Invoice or Proof of Purchase Attached YES / NO

Previous claims this property \$ \_\_\_\_\_ Progressive total of claims this property \$ \_\_\_\_\_  
( this financial year ) 20 ( this financial year ) 20

Details of CHEMICAL subsidised \_\_\_\_\_

### OFFICE USE ONLY

I certify that this account is correct	I certify that this account is correct
Incurring Officer (signature)	Incurring Officer (signature)
Printed Name:	Printed Name:
Date:	Date:
Title	Title

<b>Payment Authority:</b>	<b>\$ Amount</b>	<b>\$ GST</b>	<b>\$ Total amount</b>
_____ + _____ = _____			
Authorisation for the above payment	is / is not ( circle )	granted	
Name _____ Signature		Date _____	
<b>EFT:</b> PAID <input type="checkbox"/> DATE _____			GNRBA Form #006

