

TSE Claim Form and Tax Invoice Agreement

Please provide details to claim payment under the National TSE Freedom Assurance Program. GST will be included in the final payment if the claimant has an official ABN (Australian Business Number) and was registered for GST with the Australian Tax Office on the date of sampling.



For payments by the Queensland Government in accordance with the National TSE Freedom Assurance Program (Surveillance Program)

Australian Business Number (ABN) _____

Legal Name or Trading Name of payee _____

To whom payment will be made. **MUST** be a name registered for the ABN supplied above

HINT - Speed up payment by confirming ABN and payee name at <http://www.abr.business.gov.au>

Postal (not property) address

Banking Instructions - Payment will be made by electronic funds transfer (EFT) to this account

BSB _____ Account _____

Phone _____ Fax _____

Email _____

Claim for (please tick) **Producer Rebate** **Private Veterinarian Rebates**
(vet fees / collect and document / freight)

Veterinary Surgeons Board Registration No
(required for private veterinarian rebates) _____

Animal Details			
Date of Sample _____	PIC _____	<input type="checkbox"/> Cattle	<input type="checkbox"/> Sheep
<i>(please tick)</i>			
RFID/NLIS No _____	Age _____		
<i>(required if not homebred)</i>			

Recipient Created Tax Invoices

Please certify below to permit the Queensland Government to issue a Recipient Created Tax Invoice in respect of the TSE payment specified above. This is recommended for the following reasons:

- the payment amount is determined by the Queensland Government
- the payment will be processed faster if a Recipient Created Tax Invoice is issued
- the administrative costs of the payment will be met by the Queensland Government.

CERTIFICATION - Tax Invoice Agreement

I request that the Queensland Government issue a Recipient Created Tax Invoice for the above TSE payment and I agree not to issue a tax invoice for the above TSE payment.

HINT - Speed up payment by submitting SAS, clinical history and claim forms to the laboratory with samples

Signature _____
(of payee or on behalf of payee)

Print Name _____ Date _____
(of payee or on behalf of payee)

OFFICE USE ONLY	
Date Claim Received.....	
Laboratory Submission (Job) Number	
Payment Recommended by TSE Project Leader	Date.....