



Acaricide subsidy claim

Purpose of this form

This form is to be completed to claim subsidy on purchased acaricide used on animals on a restricted place in the Queensland cattle tick free zone. The Department will determine the amount to be subsidised and once approved, notify the claimant/payee via email of your pending payment amount. *Claim invoices older than 12 months cannot be accepted.*

Applicant details

Applicant full name (the applicant is the person completing this application)

Applicant postal address

Email

Phone number

Payee details

Name of payee (the payee is the person or entity receiving the payment/subsidy)

At the time of the purchase of the acaricide (see invoice date/s) was the **payee** registered for an Australian Business Number (ABN)?

Yes, the payee was registered for an ABN.

▶ You must supply your ABN and;

▶ You must attach an ABN Lookup 'Historical details record extract' from www.abr.business.gov.au

Entity name or trading name (as stated on ABN Lookup)

No, the payee was NOT registered for an ABN.

▶ If you do not want the Department to deduct the current withholding amount as required by the ATO, you may attach a completed 'Statement by a supplier' form (ATO form NAT 3346-08-2015).

The withholding amount is 49% (this is subject to change).

If you do not provide this form on application, the Department must withhold an amount.

Phone number

Email (notification of payment will only be sent via email)

Banking instructions

Payment will be made by electronic funds transfer to this account.

BSB

Account number

Bank

Banking account confirmation

You must attach a bank 'Account confirmation letter' (also known as 'Proof of account'). The 'Account confirmation' is a letter that confirms your account details (it should not reveal the account balance). This letter can be obtained from the payee's bank and is generally available via online banking, under proof of account or account information.

I have attached a bank 'Account confirmation letter' (also known as 'Proof of account').

Cattle tick area details

Please state the property name and address where the acaricide was used on animals. The property must be a restricted place in the Queensland cattle tick free zone. Please complete one form for each PIC that you are claiming the acaricide subsidy for.

Property name and physical address (where acaricide was used)

PIC

Cattle tick area where property is located

No. of cattle on property

Details of acaricide/s purchased

Complete the table below with the details of the acaricide purchased. You must attach copies of acaricide supplier invoice/s (only attach invoices for claims you specify below) to this application. If photocopies are used, the originals are to be sighted by a biosecurity inspector. Please copy this table if insufficient space and ensure any subsequent pages are certified.

Copy of invoice attached	Invoice date	Invoice Number	Acaricide product name	Acaricide method of application*	Acaricide supplier name	Quantity purchased Litres/Kilograms	Cost Must be GST inclusive	Departmental use only	
								% of claim (i.e. 10%/25%)**	Total subsidy Must be GST inclusive
<input checked="" type="checkbox"/>	12/08/2016	INV45678	Dectomax	Pour on	Acaricide Super Supplier	1 litre	\$360.00		
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

TOTAL Expenditure to be paid for acaricide subsidy \$

*Acaricide method of application

Methods of application of acaricide include: pour on, plunge dip, spray race, hand spray and injection.

**Percentage of claim

Dip and spray 25%. Pour on and injectable 10% subsidy.

Applicant certification

- I/we certify that I am authorised to sign this application on behalf of the payee (if applicable).
- I/we certify that the payee has purchased the quantities of acaricide products detailed here for use on the property address (stated in this form) which is **infested land** that is a **restricted place** in the Queensland cattle tick **free zone**.
- The payee has not previously claimed payment for any acaricide invoices stated in this application.
- The department may deduct the current withholding amount as required by the ATO where required.

Director(s)/Owner/manager/authorised person name(s)

Director(s)/owner/manager/authorised person signature(s)

Date

Part E - Checklist

- Mandatory**, if registered for an ABN, I have attached an ABN Lookup print out from www.abr.business.gov.au. Payee name nominated is as per the trading name registered to the ABN or where no trading name, registered entity name.
- Optional**, if not registered for an ABN, I have attach a completed 'Statement by a supplier' form (ATO from NAT 3346-08-2015).
- I have provided an email address, if no email I have written N/A in the email data field and accept that no notification will be received of payment of the claim from the department.
- I have attached a bank 'Account confirmation letter' (also known as 'Proof of account').
- Cost stated in details of acaricide/s purchased table is GST inclusive.
- I have attached only the acaricide supplier invoice/s applicable to this application as listed in Part D.
- Authorised person has signed the certification of details of acaricide/s purchased.

How to submit this form

Please return this completed form and all required attachments to your local biosecurity officer. For more information please contact your local biosecurity officer or the Department of Agriculture and Fisheries, Customer Service Centre on 13 25 23.

Departmental use only

Local Department

GL Account code	Cost centre code	GST inclusive Amount of subsidy to be paid
546508	8100072	\$

Certification by the biosecurity officer for the district where the property is located.

- Property address provided is infested land that is a restricted place in the Queensland cattle tick free zone.
- I consider the amount of acaricide purchased to be reasonable for use on the property taking into consideration the number of stock on the property.
- Acaricide/s claimed has/have not previously been claimed.
- I have sighted, initialled and dated the original invoice(s)/cash docket(s) (please do not attach originals) prior to copying and attaching to the claim.
- Completed application and supporting documentation emailed to ltu@daf.qld.gov.au for processing.

Biosecurity officer name	Signature	Date
Region	Tick status of the claimant's property at the time of purchase of the chemical	

Departmental use only - Approving officer (head office)

Director, Animal Biosecurity & Welfare	Signature	Date

Transaction officer

SAP Vendor number	VMDM	Date VMDM submitted (if applicable)	SAP requestor reference #
	<input type="checkbox"/> Y <input type="checkbox"/> N		

Head office approval

Date approved in SAP	SAP Notification number	
Principal Policy Officer	Signature	Date of approval