



TAX INVOICE

QUEENSLAND GOVERNMENT RETICULATED NATURAL GAS REBATE SCHEME

To: Concession Services
Department of Families, Seniors,
Disability Services and Child Safety
Locked Bag 3405
Brisbane, QLD 4001

From:

Address:

Postcode:

A B N

ABN: 75 563 721 098

Period represented by this claim:

From: _____ To: _____

Card Holder	Number of Claimants	Number of Claimant Days ¹	GST Exclusive Amount \$	GST \$	GST Inclusive Amount \$
Pensioner Concession Card					
DVA Veteran Card – All Conditions within Australia (Gold Card)					
Queensland Seniors Card					
Residents in Residential Home Parks and Multi-Unit Residential Premises					
Total Number of Claimants					
Sub Total					
Authorised Back Payments					
Administration Costs for Current Period					
TOTAL VALUE OF CLAIM					

¹ The total number of days in the period for which the claimants in column 1 were eligible.

I hereby certify that:

- Rebates detailed on this claim are only for those consumers who have satisfied the eligibility criteria adopted by this Retailer; and
- In particular no consumer found to be ineligible in the most recent verification of status with the relevant Commonwealth or State Department has been included in the claim; and
- Any consumer who has applied (or re-applied) for the reticulated natural gas rebate since the most recent verification of status has satisfied the eligibility criteria adopted by this Retailer; and
- This claim is a true and correct assessment of the total value of the Queensland Government Reticulated Natural Gas Rebate credited against accounts issued by this Retailer for the period stated.

(Signature)

(Designation)

(Name of signatory)

(Date)