



TAX INVOICE

QUEENSLAND GOVERNMENT RETICULATED NATURAL GAS REBATE SCHEME

To: Concession Services
 Department of Child Safety,
 Seniors and Disability Services
 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)